

Palestinian Medical Relief Society (PMRS)

Looking Towards the Future



Celebrating



Years of Achievements

СРНЕ

COMMUNITY HEALTH CELL

Society for Community Health Awareness, Research & Action
(SOCHARA) Bangalore
Library and information Centre

CALL NO. Com H 300 ACCN.NO. 09102

AUTHOR: DMR5.

TITLE. Celebrating 25 Years
of Achievements

Borrowed On	Borrower's Name	Returned On

Community Health Cell

Library and Information Centre

367. "Srinivasa Nilaya"

587, Sri Rama Nilaya,
Jakkasandra 1st Main

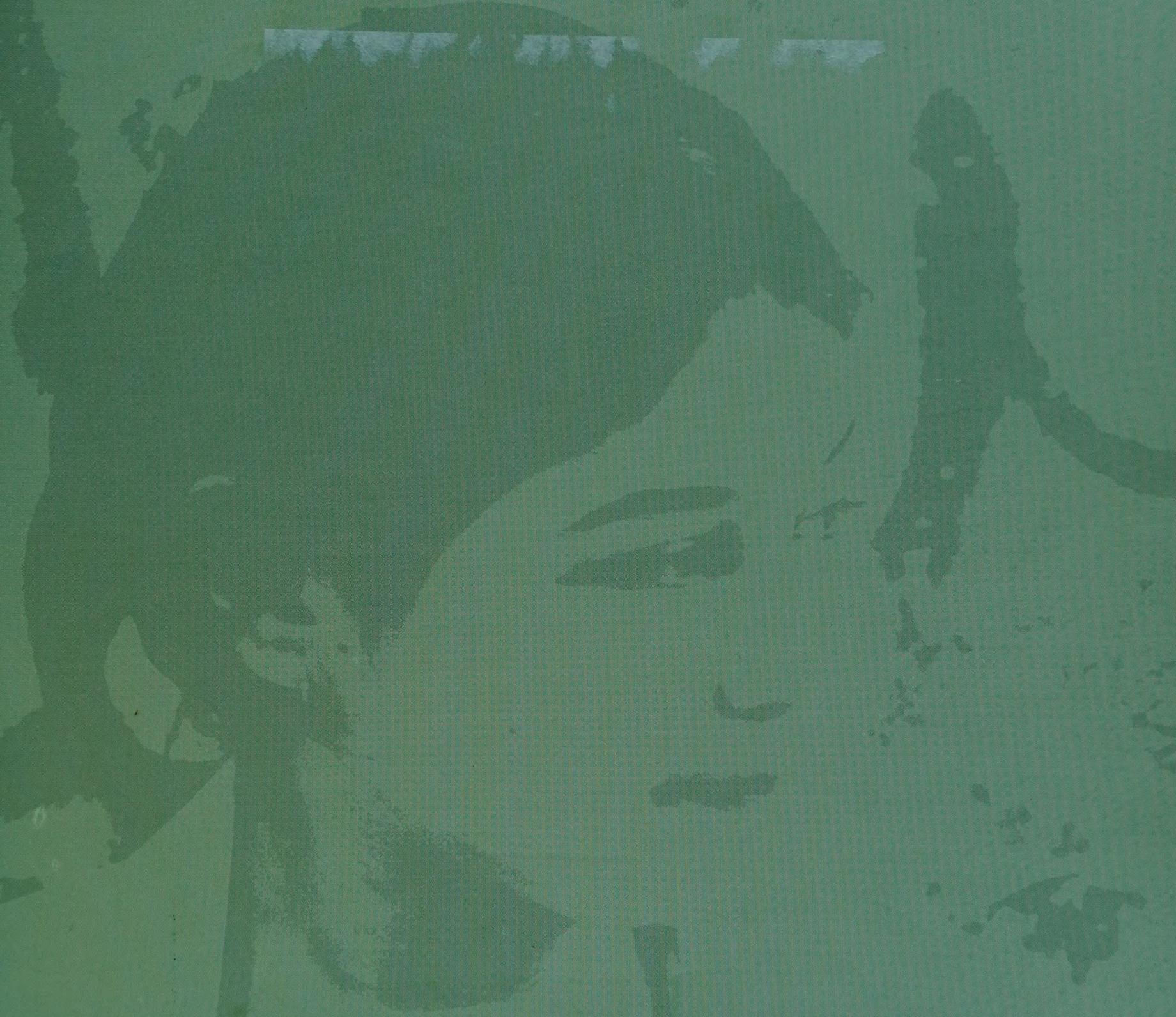
Jakkasandra 1st Main,
1st Block, Koramangala

13, Block, Koramangala,
BANGALORE - 560 034

Phone : 553 15 18 / 552 53

Palestinian Medical Relief Society (PMRS)

Looking Towards the Future



Celebrating 25 Years of Achievements





Contents

Letter from the President	4
PMRS and its role over the last 25 years	6
A Human Story	8
PMRS – A Pioneering Model in Primary Health Care and Community Development	10
PMRS Health Programs	12
Primary Health Care Program	14
Laboratory Services Program	18
Central Pharmacy/ Rational Use of Drugs Program	22
Women's Health Program	26
Child Health Program	30
Psychosocial Counseling Program	36
School Health Program	40
Chronic Disease Program	44
Specialized Programs	48
Community Based Rehabilitation (CBR) Program	54
School of Community Health	60
Health Education and Promotion Program	64
Emergency and First Aid Program	68
Youth and Community Centers Program	74
Final Note	80





Letter from the President

It is not mere coincidence that Palestinian Medical Relief Society (PMRS) this year celebrates its 25th anniversary of dedicated work, whilst the World concludes its celebrations of the 25th anniversary of the 1978 Alma-Ata Declaration. Promising to achieve health for all by the year 2000, the Alma-Ata Declaration has laid the foundation for several major international conventions and conferences on issues including women, children, the environment, and social forums. This reflects a certain level of harmony and the influence of humanitarian principles embedded in the Alma-Ata Declaration.

For PMRS, the last 25 years have seen a commitment to serving the Palestinian community. PMRS employees and volunteers have worked hard to ensure quality health for all Palestinians in the West Bank and Gaza Strip, and we are proud of the potential and resilience of the Palestinian people. We now turn towards a future that holds promise.

Recent years have been marked by the Intifada for Independence, and this has had great impact upon the lives of the Palestinians. However, as part of a resilient Palestinian society, PMRS has once again demonstrated its spirit of commitment to people's human needs, initiating a broad community-based emergency campaign that has functioned alongside its regular activities.

While celebrating 25 years of achievements, we would like to stress the importance of the participatory and interactive relationship that PMRS shares with the communities with which it works. We hope that this report will provide a general overview of PMRS' main principles, activities and achievements, including activities that PMRS developed in response to the additional suffering created by the construction of the Separation Wall. Palestinian communities nurtured the early seeds of PMRS and have embraced its development over the last 25 years, protecting its continuous strife to achieve quality health for all.

PMRS reiterates its commitment to the principles and values that it struggles towards, and we hope for a better and brighter future for our people.

Dr Mustafa Barghouthi
President
Palestinian Medical Relief Society





PMRS AND ITS ROLE OVER THE LAST 25 YEARS



Palestinian Medical Relief Society (PMRS) began operating in 1979. The Israeli occupation of the West Bank and Gaza Strip was into its 12th year and Palestinian infrastructure particularly healthcare, was on the verge of complete collapse. There was limited funding, taxes were raised, the military hindered the access of health practitioners to needy areas, and no permission was given for Palestinian health institutions to expand. However, the Palestinians pulled together and rather than remain dependent on the Israelis, they formed organizations to develop and rebuild services.

In April 1979, Hebron came under strict curfew and for over a month people could only leave their homes for a few hours a day. In response, on one Friday morning a group of doctors and nurses from Jerusalem set off in their own cars carrying donated medicines. The army refused them entry into Hebron but they would not give up and instead went to Deheisha Refugee Camp. That day 260 Palestinians were treated, and the PMRS Emergency Response Program was born. The team continued to provide support on their days off and became known as "Medical Relief". In 1980 "Medical Relief" treated 2,000 Palestinians.

Work with local community groups and leaders strengthened, and more volunteers offered their help. As a result, the medical practitioners organized themselves into committees – one serving every locality and by the early 80's there were 9 committees. In 1983 the Medical Relief committees joined to be officially known as the Union of Palestinian Medical Relief Committees (UPMRC), and they also received their first official funding.

As a result of the poor health status in the West Bank and Gaza Strip, and its close link to the occupation, UPMRC shifted its focus from relief work to primary health care, engaging in preventative and promotive activities rather than just relying on the curative approach. In 1984, UPMRC's first permanent health





center was established in the Jordan Valley village of Dyuk (West of Jericho), which marked the start of our Primary Health Care Program. In the same year the first class of women began training with UPMRC to become Community Health Workers. By 1987 further health programs were established and UPMRC rented its first office space in Jerusalem.

1987 also saw the start of the first Palestinian Intifada ("uprising"). On the 9th of December an incident in Jabalia Refugee Camp led to an eruption following twenty years of national frustration. The Palestinian people rose above their oppression and took to the streets in mass demonstrations, strikes and riots, uniting to demand an end to the suppression of their freedom. Once again UPMRC staff and volunteers risked their lives and personal freedom to help their people - between the 13th and 17th of January 1988 they treated 2,599 injured persons and distributed 3,000 first aid kits.

The first Gulf War began on the 16th of January 1991, and the entire population of the West Bank and Gaza Strip was placed under a strict 24 hour curfew, which lasted throughout the 44 day war period. The health situation deteriorated and again UPMRC responded. Furthermore, it was due to the lobbying efforts of UPMRC together with other organizations, that gas masks were provided to the Palestinians as well as Israelis. UPMRC also provided instructions on how to protect homes from chemical attack when the Israelis failed to do so.

Finally, the International community could ignore the Palestinians no longer and alternative solutions began to be considered, which gave way to the Madrid and Oslo Peace talks between Palestinians, Israelis and other Arab States. This resulted in 1993 with the signing of the Oslo Charter, which eventually meant that in December 1994 the Palestinian Ministry of Health assumed control over the health infrastructure. With this many International donors shifted aid to the PA and between 1993 and 1998, 70% of non-

governmental primary healthcare clinics closed. However, UPMRC forged working relations with the Ministry of Health, with UPMRC acting as a valuable resource offering skills and knowledge. At the same time UPMRC played a leading role in the Palestinian NGO network.

In September 2000 following Sharon's provocative visit to the Haram al Sharif, the second Palestinian uprising, otherwise known as the Intifada for Independence, broke out. This second Intifada has been associated with Israeli measures leading to extreme hardship for the Palestinians who are practically imprisoned in their villages, towns and cities; denied the most basic of human rights – the right to health, education and employment; and suffer from daily violent Israeli military attacks. In June 2002, the Israeli Government began the construction of a separation wall. This has created a series of enclaves of isolated Palestinian communities, cut off from health care, schools, universities and places of work. In response our medical teams have resorted to methods used in 1979, bringing healthcare to the Palestinians through the use of mobile clinics.

As we enter the Intifada's fifth year, the situation is worsening and human suffering continues. However, UPMRC now known as Palestinian Medical Relief Society (PMRS), remains as one of the most active health NGOs in the Palestinian Territories, meeting the health needs of the Palestinians, whilst strengthening ties with both Palestinian and International communities. The Palestinians remain strong and steadfast resisting the occupation.

We are extremely proud of the Palestinian people, our volunteers and staff, and the work that we have achieved over the last 25 years.

Dr Jihad Mash'al
General Director
Palestinian Medical Relief Society



A HUMAN STORY

Over the last 25 years PMRS has helped thousands of Palestinian children. The following tells the story of one child who has particularly benefited from our work.

Shahd Al-Hawamdeh, a little girl from Hebron aged two, was brought to the PMRS Chronic Disease Center in Ramallah. Shahd had congenital heart disease with multiple complications: VSD, tetralogy of fallot, and severe pulmonary stenosis. One of the PMRS nurses remembers how "Shahd would lose consciousness multiple times a day from cyanosis (lack of oxygen to other tissues). She collapsed into my arms once after only walking a few steps".

Shahd was in urgent need of a complicated surgical procedure, which could only be performed abroad, and was extremely expensive. Her parents, unable to afford this, were very distressed and worried about their daughter.

In response, staff at the PMRS Chronic Disease Center arranged for Shahd to travel abroad to receive treatment. Shahd came back after a successful operation with no post surgery complications. Instead she was growing and playing with no more blackouts.

Her parents are eternally grateful to PMRS and placed notices in several national newspapers to express their thanks. They also made a special visit to the center in order to present staff with a plaque and their personal gratitude. However, PMRS are themselves grateful to have been able to help, and the happiness on Shahd's face is reward enough.



PMRS – A PIONEERING MODEL IN PRIMARY HEALTHCARE AND COMMUNITY DEVELOPMENT

PMRS' ultimate goal is to ensure quality health for all based on the principles of primary health care (PHC). This involves the participation and empowerment of local communities giving them ownership of their health, as well as influencing national policies to adopt systems that ensure equality and social justice.

We have grown and developed from a small nucleus of volunteer health workers responding to the increasing healthcare needs in underserved areas, to a leading Palestinian health non-governmental organization (NGO). PMRS now extends its services to over one million Palestinians in the West Bank and Gaza Strip, providing improved models of healthcare that are built on sound scientific bases and specifically adapted to the Palestinian context.

In the years prior to the Intifada for Independence, PMRS made a significant contribution to the creation of a Palestinian national health infrastructure, replacing the fragmented health system inherited from years of Israeli occupation. We have always sought to provide basic health services to remote communities, and underserved and marginalized population groups, through preventive and curative programs.





PMRS' role in health service provision, alongside the Palestinian Ministry of Health (MOH), United Nations Relief and Work Agency (UNRWA) and other health NGOs, has steadily progressed. In light of this, we have established strong links with the public health sector, leading to the creation of a subcontracting system between the MOH, PMRS and other NGOs, such that the MOH can make use of our health services.

In addition, PMRS has developed its strategy to build model health programs, such as the Women's Health, Child Health, School Health, and Community-Based Rehabilitation (CBR) Programs. Based on our considerable experience in service provision; awareness of the needs and characteristics of local communities; professionals' expertise; and field workers' commitment, we have developed models and protocols that can be tested in the field, and disseminated to public and NGO sector institutions – at both local and regional level.

Whilst the current political situation is critical, PMRS has maintained a balance between health development and emergency relief work. In total,

the number of beneficiaries of overall services offered by PMRS permanent health centers has increased by 11% reaching 450,000. We have seen a 22% increase in community activities whilst 33% of services cover emergency needs. This is a considerable change compared to last year when emergency services were almost half of all services, which reflects a balance between the continued need for emergency services and the emphasis we place on sustaining our health development programs.

At the same time PMRS is highly involved in policy making at national level, to influence the adoption of legislation that supports civil society and the creation of a modern democratic state. PMRS works on this with other Palestinian NGOs through the Palestinian NGO network (PNGO), and other joint forums that link public and NGO sectors.

PMRS maintains a firm stand with the Palestinian people during times of crisis and adversity. Our emergency teams remain at a high level of alert to tend to the injured and patients, as well as extend services to areas under siege or adversely affected by the Separation Wall.

PMRS HEALTH PROGRAMS



After 25 years of work, PMRS now runs a diverse number of health programs throughout the West Bank and Gaza Strip, which reach over 490 villages, towns and camps. PMRS Health Programs include the following:

- Primary Health Care (PHC)**
- Laboratory Services**
- Central Pharmacy/ Rational Use of Drugs**
- Women's Health**
- Child Health**
- Psycho-social Counseling**
- School Health**
- Chronic Disease**
- Specialized Health**
- Community-Based Rehabilitation (CBR)**
- School of Community Health**
- Health Education and Promotion**
- Emergency and First Aid**
- Youth and Community Centers**

Some of these programs are implemented through specialized facilities and permanent health centers, while others are run using a community-based approach. Additionally, the health facilities act as focal points for community-based activities in their catchment's areas. Therefore, we combine permanent services with those of a community-based nature.

PMRS facilities include:

- 25 primary health care (PHC) centers
- 19 medical laboratories
- 9 oral and dental care clinics
- 6 community centers that engage in health education activities, emergency relief services, first aid, as well as administrative work
- 3 community centers providing training to youth
- 3 centers for lending medical and assistive devices
- 2 physiotherapy centers
- 1 optometry center
- 1 day care center for children with disabilities
- The Chronic Disease Management and Prevention Center
- The School of Community Health - a training center for upgrading health personnel and community teams.





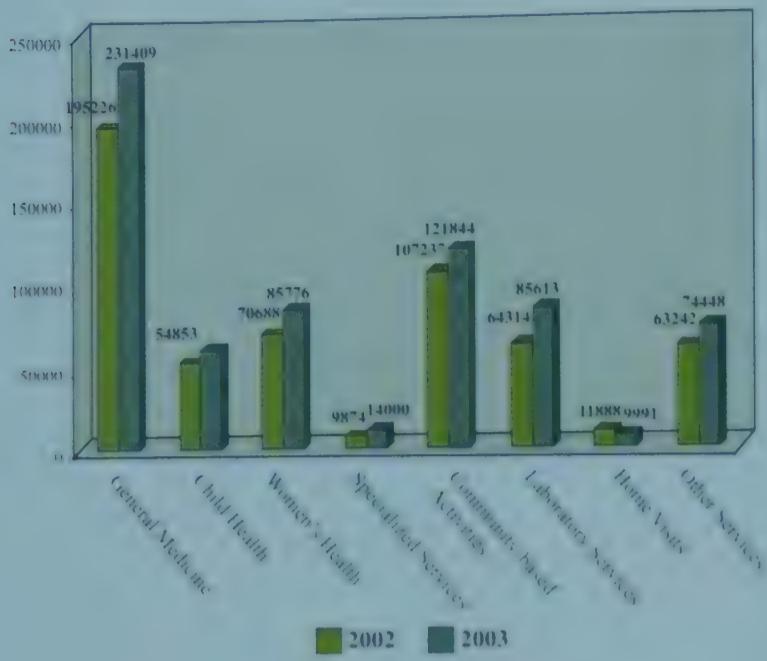


PRIMARY HEALTH CARE PROGRAM

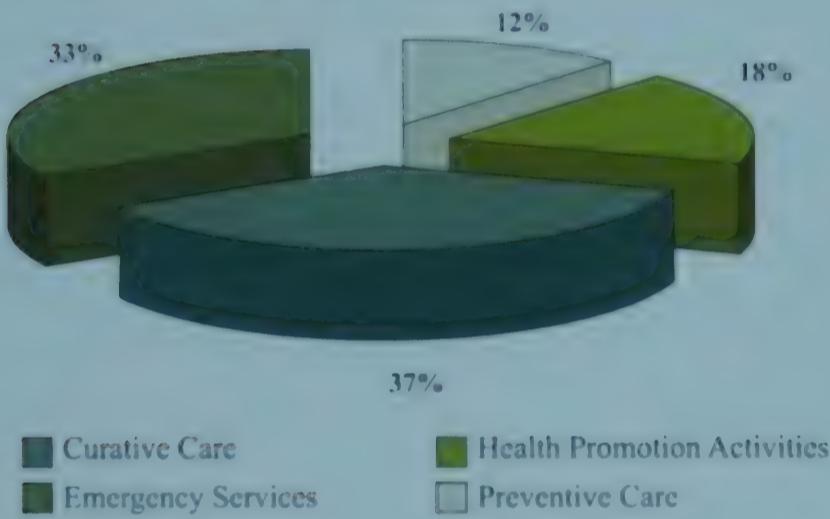
PMRS now runs 25 PHC centers in the West Bank and Gaza Strip, the majority of which are located in rural areas. These centers provide both preventive and curative PHC through general medicine; provision of essential drugs; child health care; women's health care; specialized services including dental care, dermatology, and ophthalmology; laboratory testing; early detection of disease and disability; CBR and physiotherapy; and health education. It is through the PHC centers that PMRS is able to implement its health programs. All PMRS programs adopt a holistic approach to health, identifying its close link to comprehensive social development.

Despite the obstacles faced over the last three consecutive years, particularly the severity of movement restrictions, PHC centers have been able to further develop their services. In 2003 alone, PHC centers provided comprehensive health services to 231,409 citizens, of which 47% were children and 34% were women.

A Comparison of the Number of Services Provided by PHC Centers between 2002 and 2003



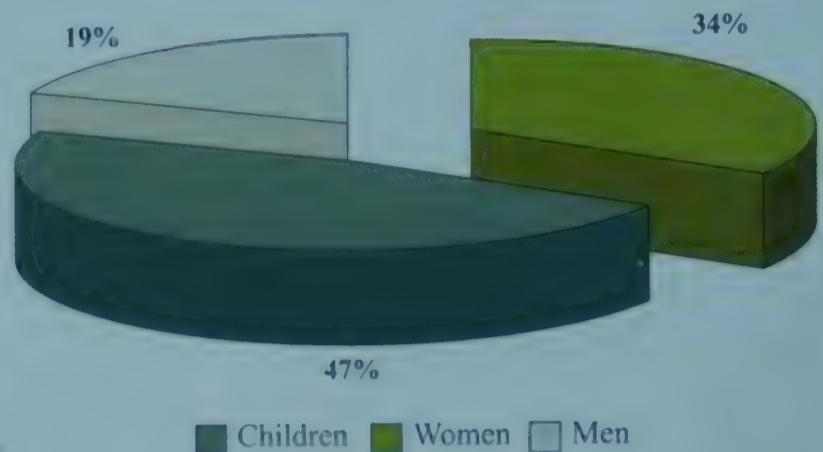
Distribution of PMRS Services According to Type in 2003



• Child-friendly clinics

Seven clinics have now been restructured in order to be child-friendly, promoting child health in an environment that supports and empowers children and families.

Distribution of Beneficiaries in 2003



• The first community maternity home

Preparations are underway to open the first community maternity center in Maythaloun by the end of this year. This reflects our ability to respond to current conditions, which have given rise to the need for this type of service.

• Health centers and emergency activities

All health centers prepared for the impact of the war on Iraq. Plans were developed to manage emergency situations, with specific preparations for staff, supplies and medicines. Medical kits to assist in emergency cases, such as deliveries and injuries, were distributed to around 621 centers and emergency points in the West Bank and Gaza Strip.

• Updating the information system

Information systems were updated for the majority of programs, and all clinics and labs were equipped with computers. Information software was developed to enable PHC staff to record and monitor major performance indicators, utilizing the information in planning. This technical enhancement has contributed to improved communication between the center and the field.

■ Specific Features:

• Focus on partnership and cooperation

Partnership with the MOH has continued in 7 PMRS health centers in the West Bank and Gaza Strip (Turmus'aya, Sinjel, Mughayer, Aboud, Dyuk and Maythaloun in the West Bank and Um an-Nasr in Gaza). These clinics demonstrate professional cooperation in service provision, avoiding a duplication of services. Partnership work also exists with Caritas; the Evangelical Hospital; and local councils in Sinjel and Beit Dukko, in addition to other local societies and organizations to support health service provision in the remaining PHC centers.



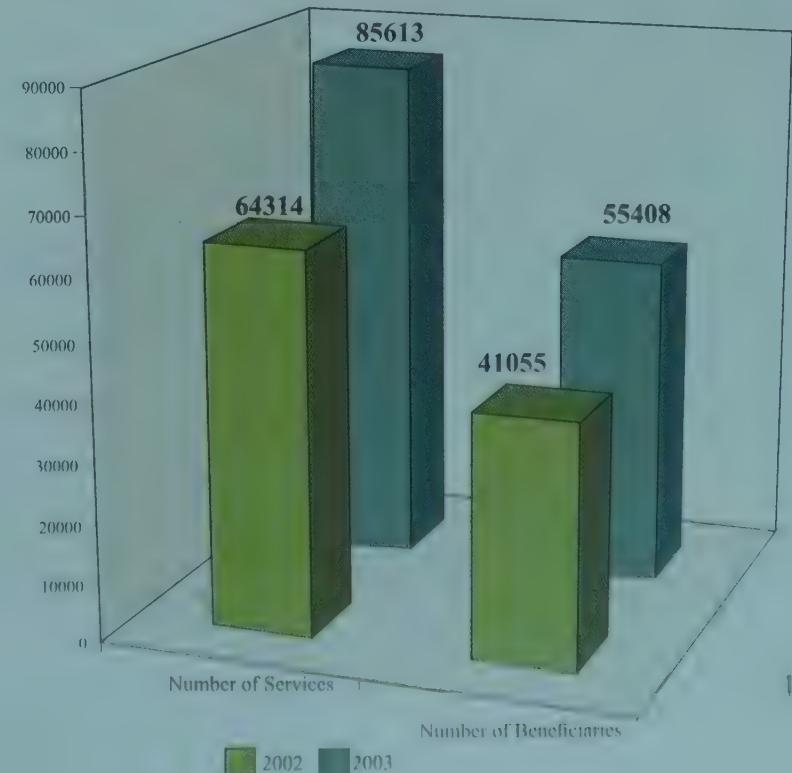


LABORATORY SERVICES PROGRAM

Laboratory testing at PMRS began with the performance of simple tests for hemoglobin, sugar and urinalysis. The first integrated medical laboratory was established in 1988 in the West Bank village of Biddu. PMRS now runs 19 labs - 15 in the West Bank and 4 in the Gaza Strip. In areas where labs are not available, PHC centers are equipped to perform simple tests and refer patients requiring further testing to the nearest center or medical lab.

The labs currently play a vital role due to mobility restrictions, by responding to needs in their catchment's area and extending services to surrounding communities.

Comparison of Laboratory Services Provided between 2002 and 2003



Specific Features of 2003

• Service beneficiaries

This year alone 85,613 patients benefited from various types of lab tests. Routine tests and blood testing still comprised the majority of these tests.

• Support of health programs

The Laboratory Services Program continued its joint work with other health programs. The program contributed to the improved application of diagnosis and management protocols; participated in developing criteria for these protocols; and supported the implementation of screening activities and early detection of disease. In addition, the program provided resource persons for the continuing education of PMRS staff including physicians and health workers, and for awareness raising and health education activities.

• Renewal and updating of laboratories

Up-to-date computerized lab equipment was introduced in 17 labs at PMRS, to perform a wide range of bio-chemical tests with effectiveness and increased speed. All labs were equipped



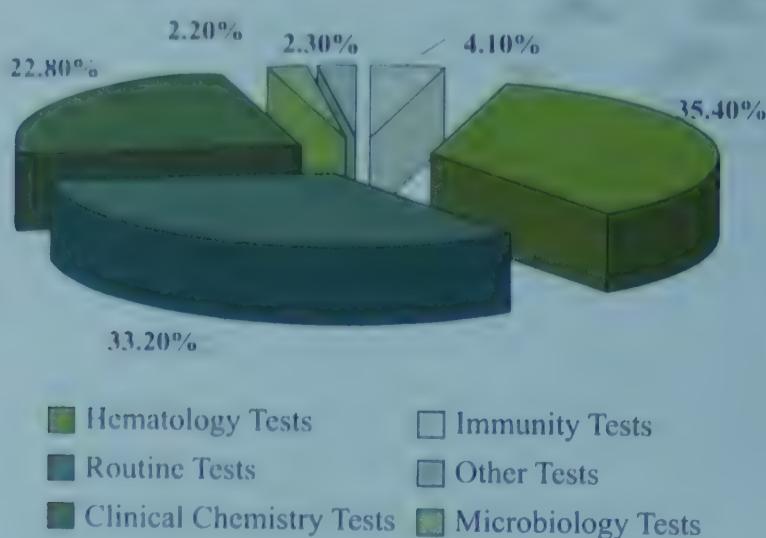
with a new computerized information system, providing patients with results and facilitating the development of progress reports. This system began in the Gaza Strip and now covers all PMRS labs. A new fully equipped lab was established in Ramallah to support the chronic disease program. This lab serves as a referral center covering a wide range of lab tests that ensure quality control and improve efficiency.

• Quality control

Internal monitoring of test results is conducted routinely for all types of tests by using quality control samples (normal and elevated kits). Quality control of chemistry lab tests is conducted on a regular basis through 5 samples per year. Comparisons and tests demonstrate that all PMRS labs have a high quality performance. Quality control testing is accompanied by training courses and sessions for lab technicians on various topics. In 2003, the program conducted 33 training sessions attended by 1,221 participants.



Distribution of Laboratory Services in 2003









CENTRAL PHARMACY/ RATIONAL USE OF DRUGS PROGRAM

This program consists of two major components - the central pharmacy and activities aimed at rationalizing the use of drugs.

The Central Pharmacy

The central pharmacy (based in Jerusalem) works in cooperation with a similar branch center in the Gaza Strip, to organize the supply and disbursement of drugs to all PHC centers that are equipped with pharmacies, as well as through mobile clinics and health days that involve provision of drugs. PHC centers and mobile clinics are supplied with drugs according to two lists:

- Essential drugs developed according to WHO standards and adapted to the specific Palestinian context. The PMRS central pharmacy conducts a regular review of this list in order to accommodate increasing demands from PHC centers and other health activities, while rationalizing decisions to introduce or discontinue certain items. The list now contains 31 medicinal groups consisting of 172 medicinal items that are mostly used in PHC settings.

- Drugs that specifically respond to the needs of mobile clinics and emergency response activities, including 162 basic items that are used in managing various emergency cases.

midwives, physicians and health centers. Medical supplies and drugs were also provided to emergency centers that were set up by the Emergency and First Aid Program in the different areas of the West Bank and Gaza Strip, in cooperation with various local councils, societies and private practitioners.

Preparations for Emergencies During the War on Iraq

The central pharmacy has faced difficulty in transporting and supplying drugs over the past three years, which prompted us to adopt a new policy of enlarging the drug stocks in PHC and other PMRS centers, and ensuring the availability of ready-to-go kits for use in emergency situations and for first aid purposes.

In preparation for the potential consequences of the war on Iraq, thousands of emergency kits were prepared. In order to meet the potential needs, some of the kits contained simple diagnostic and wound dressing materials to be used by physicians and health workers, whilst others included material for assisting deliveries and were distributed to

Rational Use of Drugs

While seeking to provide essential drugs, PMRS is also aware of the potential hazards of improper use and uncontrolled marketing. Therefore, principles related to the Rational Use of Drugs form an essential component across all health programs. The implementation of these principles is regularly monitored and incorporated in the training of health staff, case management protocols, field supervision checklists, and the disbursement of drugs by health centers. Rational Use of Drugs is a main topic in the training curricula at the PMRS School of Community Health, for both community health workers and PHC training courses for physicians. In 2003, the program reprinted educational material on problems related to drugs and the potential hazards of irrational drug use.









WOMEN'S HEALTH PROGRAM

The Women's Health Program (WHP) is one of the leading health programs at national level and functions in 22 PMRS health centers. Services were provided to a total of 85,776 cases, out of which 36,252 women received direct health services.

PMRS has developed this program over the years to become a national model for women's healthcare. The WHP promotes a holistic approach towards women's health in cooperation with the MOH Directorate of Women's Health and Development, and other service providers. This approach addresses women's health beyond the traditional view that is limited to the reproductive role, a view that still dominates service provision in several health sectors in Palestine.

The WHP has contributed, along with other health sectors including the MOH, UNRWA and NGOs, in the adoption of this pioneering model, formulating national protocols and standards for women's health services. This has led to the publication of the National Guidelines for Reproductive Health Services and the National Training Manual for Counseling in Reproductive Health Services.

The WHP is proud of its prominent role in influencing women's health policies at national level, exchanging knowledge and expertise through workshops and training courses, and actively participating in developing performance protocols.

■ Women Under Siege

Closures imposed on Palestinian communities and severe restrictions of movement, has had a negative effect upon women's health, with both their health status and the status of services under serious threat. Observations made by the program and research indicates that women are the most affected population group under the current situation. This is evidenced by the acute increase in the proportion of women of reproductive age with anemia to 45%, while this percentage reaches 65% amongst pregnant women. This is in addition to the increasing number of home births from 3% to 33%, with the majority of these births occurring in unsuitable conditions. Finally, the lives of many mothers and newborns have been subjected to serious threat - 56 women gave birth either at a military checkpoint or on their way to the hospital, resulting in the death of 27 newborns before reaching hospital.

Despite such adversity, the WHP has organized extensive activities related to safe delivery; worked hard to ensure the access of medical personnel to all PMRS health centers; and intensified activities related to women's health within mobile clinics.

■ Specific Features of 2003

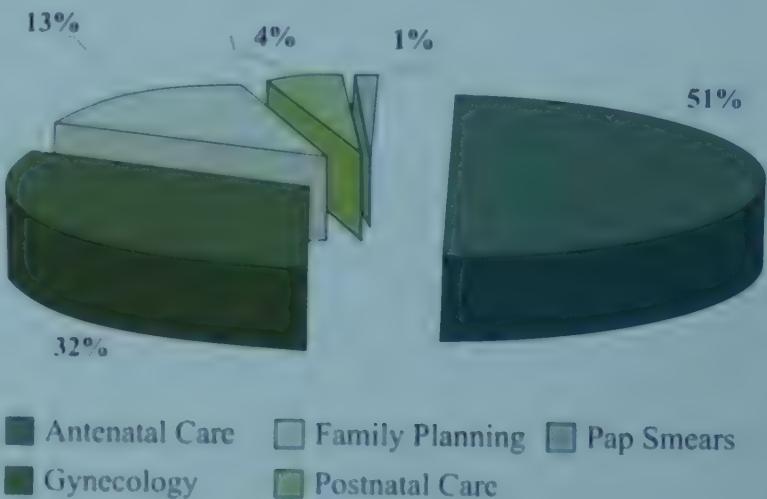
The WHP services have increased significantly, as the number of women directly benefiting from medical services has increased by 19% to reach a total of 36,252. Among these, 51% received antenatal care, 13% utilized family planning services and 32% sought diagnosis and treatment



for gynecological conditions and reproductive tract infections. This trend has been observed in the program over the last three years where antenatal care services comprise the largest share of services provided. In terms of preventive services, the WHP continued to implement its protocols for breast examination and pap smears despite the emergency situation, with a total of 2,787 screening tests performed.

The WHP continued to focus on training and continuing education. The number of health workers, health educators, physicians and midwives attending training courses has doubled, reaching 186 participants. Eight female physicians and 4 health workers, all working in isolated communities, received special training in emergency obstetrics.

Distribution of Services within the Women's Health Program in 2003



WHP also continued its activities within mobile clinics, providing 8,920 women with services during health days usually organized in remote areas and communities affected by closures and mobility restrictions.

■ The National Campaign for Safe Deliveries

In addition to communities regularly served by the WHP, this year the program has worked in cooperation with the MOH and NGOs working in reproductive health, with support from the UNFPA, to target communities mostly affected by the occupation policies. A National Campaign for Safe Delivery has been launched, utilizing several means to ensure people's access to information and counseling in reproductive health. The WHP has produced a special booklet, 3 leaflets and a poster.

The campaign also benefited from the production of 7 TV and radio spots that were aired through local radio and TV stations, in addition to educational messages on emergency situations in reproductive health.

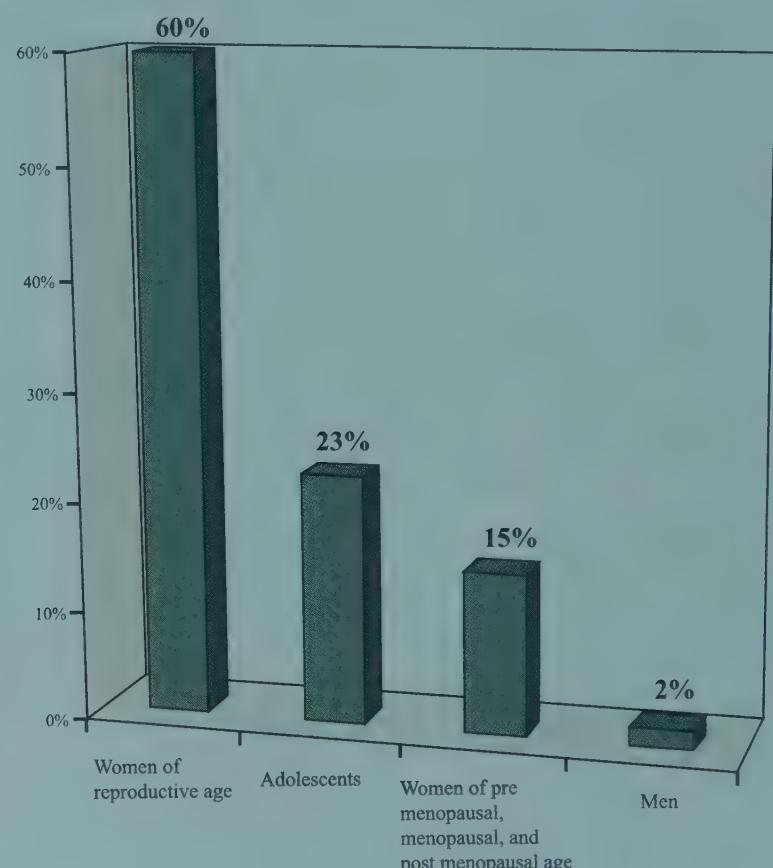
As part of this multipurpose campaign, the WHP has developed two training guides on communication skills and management of health campaigns.

■ **Psychosocial Awareness and Counseling**

The WHP also focused on psychosocial awareness and counseling, reaching 7,166 women through individual and group counseling sessions. This is in addition to the 22,446 women benefiting from health education sessions and health campaigns. Home visits to pregnant and postpartum women are a prominent feature of the WHP as it is through

these visits that health workers are able to assess the actual needs of the woman, and provide her with counseling in accordance with her particular needs. This approach ensures better understanding of the social context of the woman, which is essential in order to provide her with appropriate support, while maintaining a professional level of service provision. This is contrary to the classical relation between women and healthcare settings, where women are viewed as beneficiaries seeking medical services and treatment only. In 2003 the WHP conducted 2,143 home visits to pregnant and postpartum women.

Distribution of Beneficiaries of Women's Health Education and Promotion according to Age and Sex



■ **Priorities for the Future**

- To establish and operate the first maternity home in Maythaloun.
- To focus on health education and promotion in women's health issues and to train female community support groups in areas most affected by the Separation Wall.
- To conduct a national campaign on sexually transmitted diseases and HIV/AIDS, targeting young males and females, and focusing on awareness raising and training.





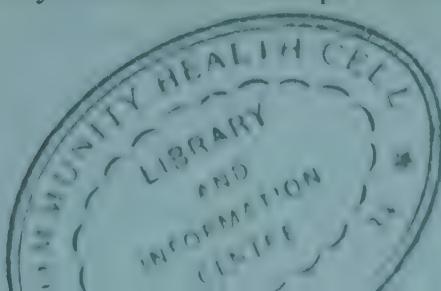
CHILD HEALTH PROGRAM

Over the last two decades activities related to child health have grown and our work now not only encompasses service delivery, but also includes the creation of a supportive environment to ensure a healthier future for Palestinian children, protecting their rights and well-being. In cooperation with parents we aim to provide children with the best possible care and protection.

The start of 2003 saw PMRS teams focusing on the implementation of a comprehensive model of child health in the PHC Program, targeting all children under the age of 18. This model is based on experience that PMRS has accumulated over the years, coupled with internationally accepted standards for providing appropriate, affordable and quality PHC services for all children.

Program Objectives

The program has an overall goal of ensuring that all children – especially in poor communities – have the chance to a healthier life and a safe start to their lives, by providing appropriate health care systems and early detection of disease and developmental problems; improving the management of disease in accordance with sound protocols and standards; and involving parents and community members in the provision of the best possible care and protection for children.



Creating a World Fit for Children

In adopting the United Nations General Assembly's "World Fit for Children" document PMRS, along with other Palestinian NGO members of the Coalition on the Rights of the Child, participated in discussions held in New York on the work plan for building a world fit for children. This involves ensuring that:

"all children get the best possible start in life and have access to a quality basic education, including primary education that is compulsory and available free to all, and in which all children, including adolescents, have ample opportunity to develop their individual capacities in a safe and supportive environment. We will promote the physical, psychological, spiritual, social, emotional, cognitive and cultural development of children as a matter of national and global priority."

(A World Fit for Children, 2002)

In this context, the program pays particular attention to health education in order to promote parents' involvement in advancing child health. In 2003 the program focused on applying its strategies and activities in a limited number of health centers, starting with 7 centers across the West Bank and Gaza Strip.

Target groups:

- Health workers - plans and activities aim to raise the level of competence and skills of all physicians, health workers and counselors in child care areas.
- All children under the age of 18
- Teachers and caregivers in schools, kindergartens and nurseries
- Parents of children in the targeted communities
- Community members and representatives, including societies, institutions and community leaders

Specific Features of 2003

• Rapid assessment of services

With the participation of PMRS staff in the involved health centers and programs, a special form for rapid assessment was developed in order to identify priorities for implementation and needs for upgrading in the areas of child health care. The outcomes of this assessment formed the basis for developing activities and ensuring a child-friendly environment in health centers, as well as for recruiting additional staff to work in the program.



• Training

The majority of the training for all medical teams was conducted at the School of Community Health in Ramallah with additional training sessions organized across the West Bank and Gaza Strip. The 77 health practitioners (physicians, health workers, midwives and psychosocial counselors) received training with an average of 75 training hours.

• Improvements to health facilities

During 2003 and under the motto of “a child-friendly clinic”, renovations and improvements were made to the internal and external structure of health centers, as well as provision of medical equipment and furniture, in order to help create a child-friendly environment. In this regard, children were offered a chance to play and interact within the health care setting, rendering it more of a place of care and protection, rather than being limited to medical treatment and follow up.



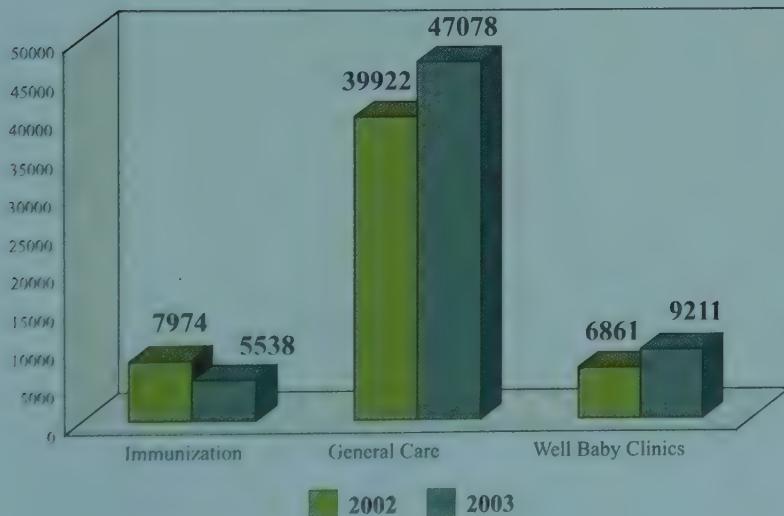
It should be noted that the continuing closure and siege imposed on Palestinian towns has resulted in an increase in the number of beneficiaries of services, compared to the previous year.

Upper acute respiratory infections remain the most common type of illness among children. Nutrition and growth problems have become higher than ever, particularly acute malnutrition and anemia in children under 5 (reportedly 12% of cases are malnourished and 41% of Palestinian children are anemic). Home and road accidents are also a common problem, indicating an urgent need to develop educational programs and activities in this regard.

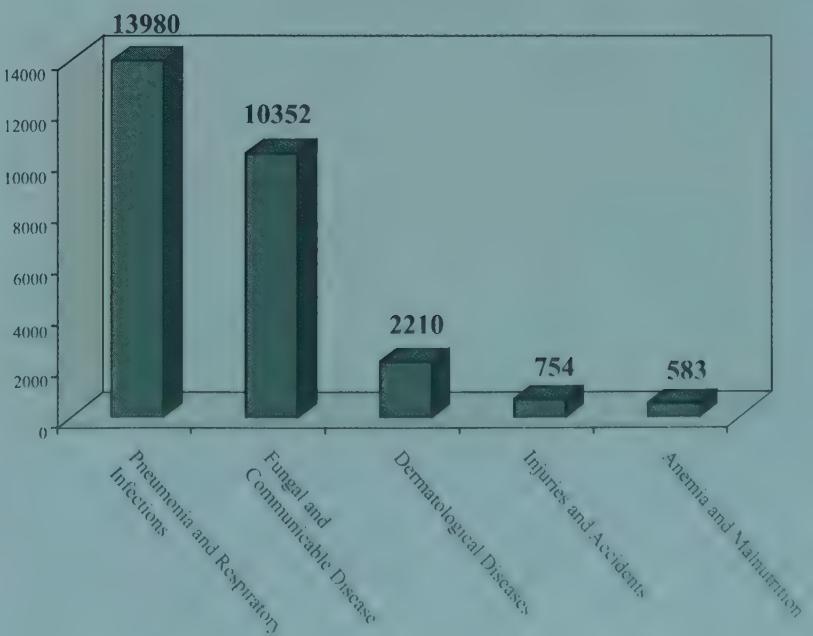
• Immunization program

The immunization program is implemented in all health centers run in partnership with the MOH. In total, 5,538 children were immunized in 8 PMRS health centers across the West Bank and Gaza Strip.

Comparison of Services Provided by the Child Health Program between 2002 and 2003



Distribution of the Most Common Illnesses Amongst Children



• Well-baby clinic

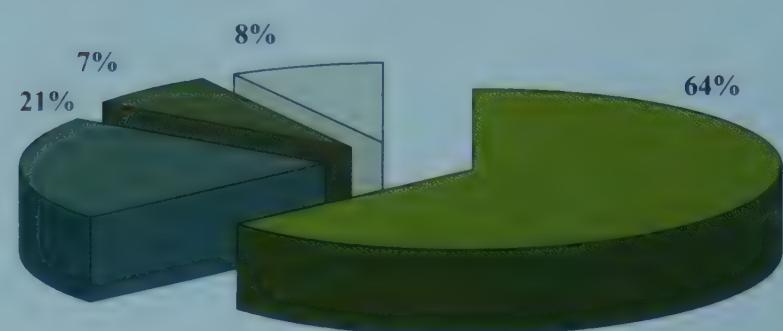
The promotion of child health, development and survival requires effort to monitor the growth and development of the child, and detect any developmental problems at an early stage. This means encouraging parents to maintain ongoing links with the health center beyond the direct need for medical care (e.g. in case of illness). In 2003, screening tests were provided to 19,131 children, including 9,211 monitored for growth and nutrition.

• Psychosocial counseling

The program conducts individual and group counseling activities in cooperation with the staff of health centers and other PMRS programs, under the supervision of specialized counselors. This year specialized training courses were developed to upgrade the skills and competencies of 70 health workers and counselors. A total of 4,049 children benefited from individual and group counseling sessions as provided by the PMRS Child Health Program.



Distribution of Child Health Home Visits in 2003



- Health Promotion and Education
- Antenatal & Postnatal Care for Mothers & New Borns
- Emergency Visits
- Breastfeeding Mothers and Children

Community-Based Activities

- Community-based health campaigns have been organized as part of the screening, growth and nutrition monitoring activities.

• Breastfeeding

PMRS teams continued their effort to promote exclusive breastfeeding for the first 6 months of the child's life, as well as promote continued breastfeeding in addition to complimentary feeding, up to the age of two. In this regard, PMRS reprinted a number of educational leaflets and posters.

• Newborn care (home visits)

In view of the declining economic situation and decreased access to health care, focus was made on home visits as a means to provide antenatal and postpartum care for mothers, and care for newborns particularly in areas lacking access to health services. PMRS also launched a campaign to inform affected communities about available delivery services, and educate them on danger signs in pregnancy and preparation for delivery. Over 70 health workers have contributed to the intensified effort in paying home visits to pregnant and postpartum women, and children at risk.

• School health

This is the largest component of the child health program. PMRS provided follow up to over 314 schools and 86 kindergartens. Activities reached 107,596 persons, including students, teachers and parents. In cooperation with other PMRS programs, the program participated in organizing 102 summer camps attended by 12,648 children.



Health Education and Promotion

- The Child Health program cooperated with other PMRS programs and health centers in reviewing the content and design of available health education material, identifying any gaps.
- Material was produced addressing new issues such as bed-wetting and newborn care.
- Five TV spots were produced and aired on local TV stations on the importance of play for children; the importance of screening and early detection of vision problems through school-based screening tests; prevention of home accidents; fear and its psychological impact on children; and health problems in newborns.
- The program is currently developing 3 new publications, as well as revising and reprinting all child-related material.

Cooperation and Coordination

- Active participation in several workshops and meetings related to children.
- Participation in the creation of the Palestinian

Coalition on the Rights of the Child and participation in discussions at several national committees under the auspices of the NPA Secretariat, as well as cooperation with MOE and MOH in developing national child-related plans.

- Participation at the Sweden Conference on the 5-year plan for Palestinian children.

Future Plan and Vision

- To continue the implementation of the child-friendly clinics plan by improving the overall and internal environment, and equipment of all health centers.
- To focus training on the Integrated Management of Childhood Illnesses (IMCI) and applying its components in the form of protocols and standards.
- To introduce an on-line information system on child health to all health centers.
- To produce additional health education material.
- To focus on child rights issues that affect child care, development and protection (such as violence against children).





PSYCHOSOCIAL COUNSELING PROGRAM

This program is conducted through staff at health centers and programs, in coordination with local institutions and MOE school counselors. The program aims to raise awareness and provide moral support to those living under stress, as well as help alleviate mental health problems among the most vulnerable and hard hit social groups, while ensuring increased communication with the local community. The program has proved effective in responding to the psychological effects of the prevailing situation, in particular for women and children. A number of workshops were conducted in order to formulate a new strategy, and develop more appropriate methods to respond to needs.

The program has contributed to the organization of educational sessions on issues including:

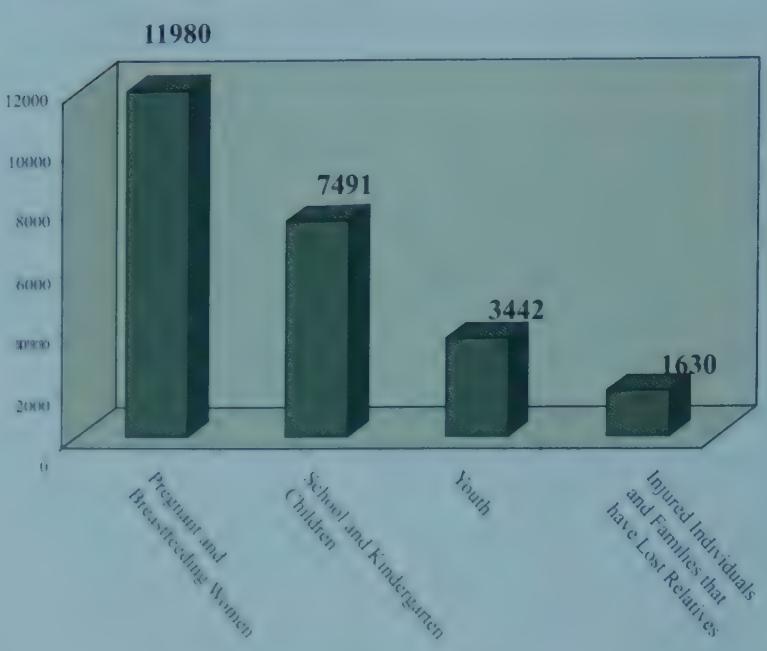
- The effect of fear on educational achievement
- Sleeping disorders
- Sexual and physical abuse of children
- Sexual and psychological changes during adolescence
- Family violence
- Passive social behavior such as withdrawal and shyness
- Bed-wetting
- Substance abuse

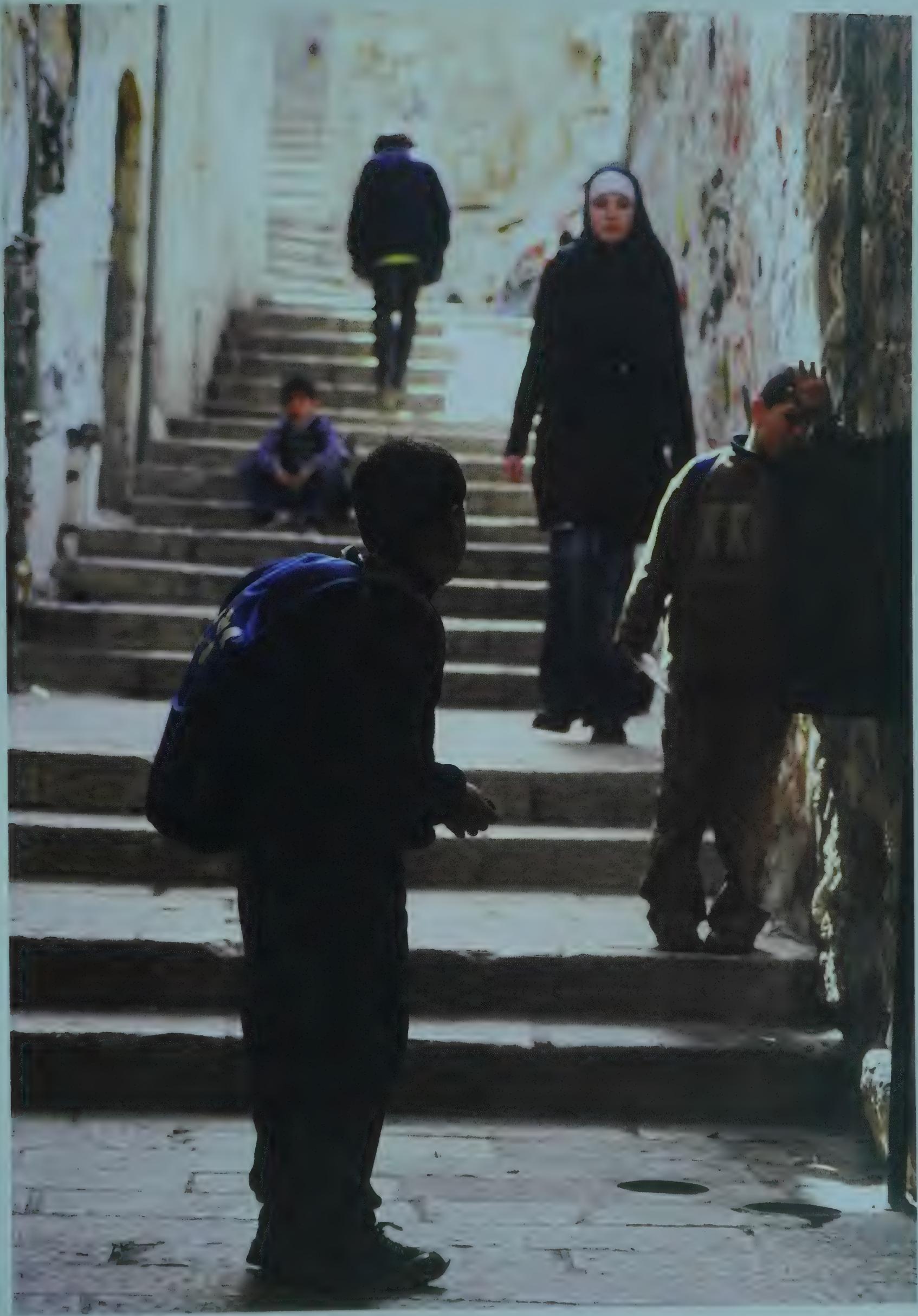
Staff members provided individual and group counseling to more than 24,043 cases. 22% of these sessions were on an individual basis while the rest were conducted in groups.

The program also worked with caregivers in kindergartens through training courses. They offered individual and group counseling sessions, and stress relieving techniques (inside and outside the health centers) with different groups, including persons with Intifada-related injuries, mothers and families that have lost relatives.

Talks, meetings and workshops were held in schools, kindergartens and local institutions, benefiting a total of 7,187 persons.

Distribution of Psychosocial Services in 2003









SCHOOL HEALTH PROGRAM

PMRS has developed its school health program over the years to become a comprehensive model viewing health as a broad concept, and strengthening relations between the school, home and community. Focusing on pre-school children in nurseries and kindergartens, and school children at primary and secondary stages, the program consists of 3 major components:

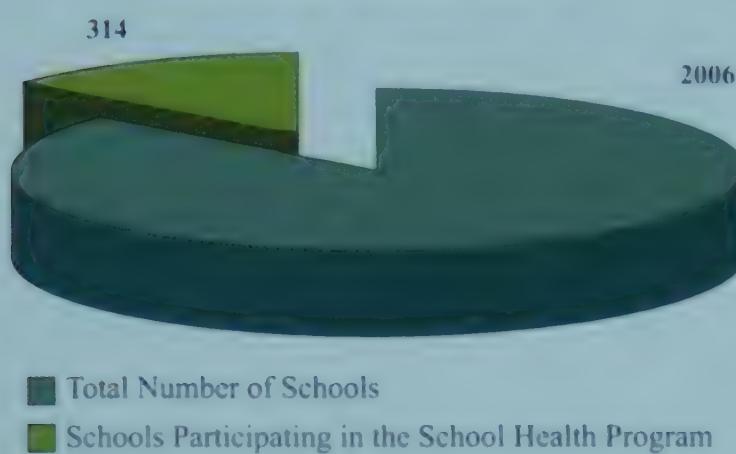
- Screening tests for developmental problems and medical conditions
- School health education
- The creation of a school environment that contributes to promoting the health of students

Overall Goal

To raise the health status of school and preschool children through monitoring and identifying health-related obstacles, preventing the spread of infectious and contagious diseases, and promoting proper healthy behavior. To also involve students in the behavior change process, encouraging them to adopt positive attitudes.

The program coordinates training activities with the School of Community Health; health education activities with the Health Education Program; adolescent health activities with the Women's Health Program; first aid training activities with the First Aid Program; and activities addressing life style issues with the Chronic Disease Program. Health centers are the springboard from which the program's plans and activities evolve.

Number of Schools Served by the School Health Program Compared to the Total Number of Schools in Palestine in 2003



The program maintains close cooperation ties with the MOE and MOH, representing PMRS at the National Committee on School Health and focusing on the promotion of national standard policies and protocols. The program's teams cooperate with teachers and parents in order to achieve maximum impact on students' health.

During the school year 2002/ 2003, the program provided services to 314 schools and 86 kindergartens in the West Bank and Gaza Strip, directly reaching around 107,596 persons, including students, children, teachers and parents.

Distribution of Schools According to Sector



■ Major Achievements During 2003

Health Service Provision to School and Kindergarten Children

In 2003, the program provided screening tests and medical services to 314 schools (public, private and UNRWA) and 86 kindergartens. These services included: anthropometric measurements, vision tests, hearing tests, dental screening and blood testing, in addition to general physical examinations and other lab tests as required by each case. Schools covered by the program comprise 16% of the total number of schools in Palestine, and 11.3% of the total number of kindergartens were also reached. 351 cases were referred to specialists, out of which 60% were referred to ophthalmologists working at either PMRS PHC centers or other health facilities.

School Health Education

Health education comprised a major component of the School Health Program particularly during the last school year. This component was further developed in quantity and methodology. School health teams conduct regular visits to schools to offer health education using various methods, primarily based on active learning by students in accordance with their age and educational level. These methods include educational talks, group discussions, story telling, role playing, and open discussions.

In 2003, health education sessions comprised a significant part of the overall health education activities conducted by PMRS. The cumulative number of students participating in these activities was 65,574 and the total number of activities was 2,270 educational sessions.

The program also participated in developing health education material targeting school children, such as material on first aid and emergency response, nutrition, clean environment, personal hygiene and accident prevention.

Completing the Campaign on "Smoking-Free Schools"

This campaign is a follow up to a previous campaign initiated by the program in 2000, in cooperation with MOE, MOH and UNICEF. This fell under the title of "Don't let our rights go in smoke", and worked as part of a global campaign under the same name.

The campaign aims at involving young people in lobbying and advocacy for their right to live in a smoking-free environment, in order to transform a number of pilot schools to "smoking-free schools".

Field activities were scheduled to begin in October 2000 in selected schools, but were canceled due to the emergency situation. These activities were thus given priority this year, focusing on the issue of smoking in educational talks, discussion sessions, drawing contests and theater scripts.

Educational material was used with youth groups in schools, while other material targeted decision-makers calling on them to adopt anti-smoking policies at community level. A number of other PMRS programs actively participated in the campaign, including the health education program, the chronic disease program, youth community centers and health centers.

Summer Camps

The program participated in the planning and implementation of summer camps during the summer of 2003, jointly with other programs. 102 camps were organized throughout the West Bank and Gaza Strip, providing different educational and cultural activities. This was preceded by a preparatory period, training courses on the national standards for summer camps and qualification of animators.

Characteristic to this year was the introduction of topics such as technology and first aid, as central themes for a number of camps. The total number of participants in the 2003 summer camps was 12,648 students and animators.

School and Kindergarten Environment

As a routine, PMRS school health teams participate in an evaluation process for the school environment in coordination with MOE and MOH Departments of Environment and School Health. Celebration of World Health Day was conducted focusing on the international motto stressing "the importance of a healthy environment for child health". Celebrations included workshops; marches for children; talks; and volunteer activities in the school environment, the surroundings and in kindergartens. This also included inspections of classrooms, school playgrounds and sanitary units. The program seeks to mobilize local community resources in support of improving and modifying the school environment. The program also cooperated with the projects'

program in identifying sites for developing a model structure for kindergartens. Five kindergartens were completed this year.

Involving Teachers, Parents and the Local Community

With the aim of promoting the role of the family and community in improving child health and reinforcing healthy behavior, school health teams conduct meetings with parents of school and preschool children, and organize health fairs with the participation of families and in coordination with school administrations. During 2003, discussion sessions with families were attended by 19,134 persons, including students, family members and school staff.

The program also seeks to provide teachers with training on the basics of health education and most recent methods utilized. In 2003, a total of 140 teachers were trained on a number of health education topics. This is in addition to courses for first aid training and workshops on crisis management, organized in response to the emergency situation that has been prevailing since the outbreak of the current Intifada.

Coordination and Cooperation

The School Health Program coordinates its activities with all PMRS health programs, mainly the Child Health Program, Health Education Program and School of Community Health. As an active member of the National Committee on School Health, the program participates in coordination at central and district levels. PMRS school health teams conduct a large number of activities jointly with the MOE, MOH and other NGOs.





CHRONIC DISEASE PROGRAM

The Alma-Ata Declaration gave no particular attention or priority to chronic disease (known as modern diseases including hypertension, diabetes, and cardiovascular diseases) in its health agenda. At that time, these diseases were seen as specific to rich and developed societies. However, 25 years after Alma-Ata, it has become undoubtedly clear that the burdens of modern disease on the health status and health services in poor countries are rapidly increasing. As a result, these societies are facing a dual health problem, suffering the burden of modern diseases on health services and planning, while remaining under the adverse impact of communicable and infectious diseases, anemia and malnutrition on health and expenditure.

Modern diseases are spreading rapidly and becoming a major burden for all societies. This risk is pervading all regions, countries and social groups, as these diseases have become responsible for 60% of all deaths worldwide. Furthermore, the picture has been reversed during the last decade, as poor countries contribute to 75% of these deaths and over 85% of patients.

Chronic Disease in Palestine

Locally and internationally, the poor bear the largest share of burdens related to chronic disease. This burden is further aggravated by the increasing rates of unemployment and poverty in Palestinian society under the adverse economic and political conditions. The lack of appropriate health services that can manage these cases is another factor increasing their negative impact.

While Palestine is undergoing a transitory period in terms of the nature of disease, PMRS strives to respond to the demands of the dual nature of disease under political and socio-economic conditions that increase impoverishment and hinder access to services.

PMRS invested its vast experience in delivering community health care into the struggle against chronic disease, particularly cardiovascular diseases and diabetes, by developing a comprehensive model for controlling these diseases at both the community and highly specialized levels.

First: The main component of the program is to develop and implement the concept and activities of early detection of cardiovascular diseases, hypertension and diabetes, as well as early detection of breast cancer among women.

Second: Focus on health awareness and promotion with regards to risk factors for these diseases, stressing the importance of modifying negative life styles and reinforcing healthy, active life styles.

Third: Establishing a referral center for cardiovascular diseases and diabetes that sets the stage for a model system of diagnosis, treatment, follow up of detected cases and assisting them in the treatment process, as well as influencing national health protocols and policies related to these diseases.

Fourth: Establishing and sustaining the model through PMRS centers across the West Bank and Gaza Strip, by offering diagnosis, treatment and proper advice to detected cases.

The program primarily targets men and women of all age groups, particularly between 35 and 65 years. The program currently works at the following levels: the specialized chronic disease center in Ramallah; the mobile clinic for chronic diseases that visits residential areas and workplaces to reach targeted groups directly; and the permanent health centers that implement the comprehensive model.



Chronic Disease Center

Despite the siege and restricted mobility, the center was able to attend to an increasing number of cases, reaching 2,645 cases in 2003. The center also introduced an ophthalmology clinic to provide follow up of potential complications of chronic diseases. The lab was introduced this year playing a major role in supporting the clinic, with a total of 4,157 tests in 2003.

During the last year, the center hosted 50 physicians specializing in rare medical conditions, who provided treatment to hundreds of patients, particularly children with cardiovascular diseases. Some of the patients were referred for treatment abroad.

The center also participated in the organization of special days for screening and early detection, attended by over 552 cases. Part of this activity was organized during the holy month of Ramadan.

Mobile Clinic for Chronic Disease

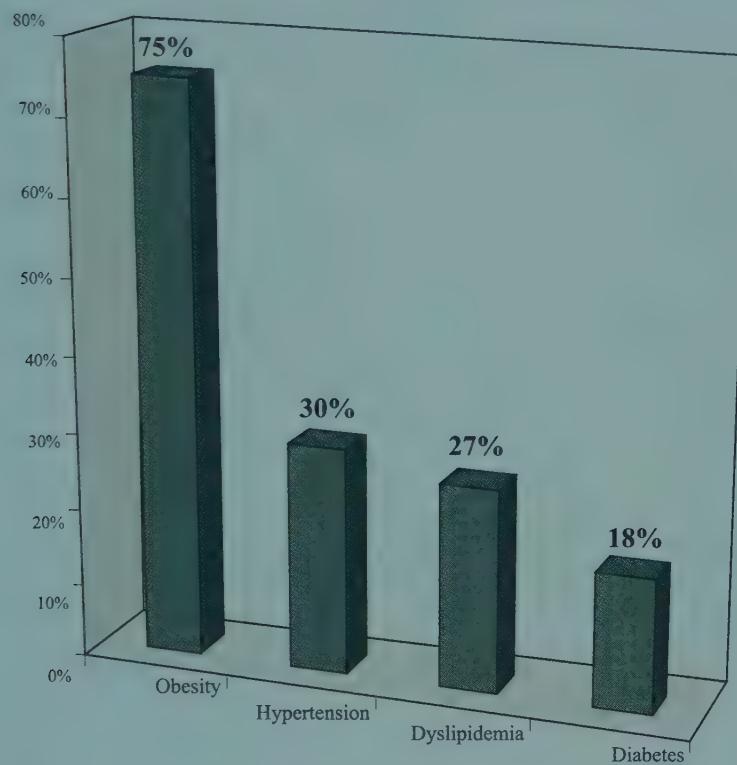
For four consecutive years, the mobile clinic team has maintained visits to villages, residential areas and public institutions, conducting screening tests in 11 Palestinian villages and 2 institutions. In 2003, the team examined 3,750 persons, 70% of which were women. Breast examinations were conducted for 1,400 women over the age of 25 to detect breast cancer. Women were also encouraged to conduct breast self-examinations regularly.

It should be noted that the results reached by the program in previous years have also been reinforced this year. Preliminary results from 11 Palestinian villages indicate an increase in the prevalence of risk factors, in addition to the alarming increase of the prevalence of chronic diseases. The results confirm the need for further effort in order to control these factors and reduce their effect on people's health. Major factors noticed included the following: 75% of persons examined were overweight, with at least 40% suffering from severe obesity; 18% of the cases examined had distorted sugar metabolism while 12% suffered from frank diabetes mellitus; among all cases examined 30% were hypertensive; and dyslipidemia was found in 27% of all people screened.

The program's results indicate that the prevalence of chronic disease is on the increase. The many factors

that contribute to this are also having an increasing effect upon the health of the population, including the chronic deterioration in socio-economic conditions, soaring rates of poverty and unemployment, and increasing stress, accompanied by the high cost of services and restricted access to them. This evidence indicates the possibility of a crisis situation with an increase in severity and complications of chronic disease amongst the population.

Results of Screening Tests Conducted by the Chronic Disease Program in 2003



Training and Continuous Education

In striving to achieve its goal of developing a comprehensive model of screening, early detection, proper diagnosis and follow up of cases, the program joins efforts with the School of Community Health to provide training to health personnel. A total of 50 community health workers have received training on the basics of screening, early detection and monitoring of cases, as a step towards their preparation for participation in the permanent and mobile clinics that implement the program's components. In addition, 60 physicians working in PMRS health centers and programs were trained, along with 20 physicians from the MOH and health NGOs, who attended 3 courses on chronic disease.

Moreover, a special training course was conducted on care for diabetic patients, attended by 20 physicians working in PMRS health centers. Trainers on this course included a number of local and international specialists.

The continuing education program aims to improve the performance of the program's staff through regular local and specialized courses, with the participation of a Cardiologist and General Practitioner from abroad.

Implementation of the Model by Health Centers

In 2003, the experience of the model was transferred to health centers with a focus on 6 PMRS permanent centers, where the program components are being implemented. The program will gradually be integrated within the remaining centers during 2004.

Health Education and Promotion

Education is a major component aiming to promote healthy life styles and encouraging people to seek screening and follow up. In 2003, the program's team conducted over 165 sessions in a large number of schools, institutions, clubs and neighborhoods, attended by over 5,000 people. In addition the program produced two new brochures on lipid profiles and heart disease (Passport to Heart Health). Also in 2003, audio-visual methods of communication were introduced, as a number of TV and radio talk shows, and special programs, were produced and aired in order to deliver health messages on smoking hazards, the importance of physical exercise, and the importance of screening for early detection of disease, among others.

Future Plans

- Maintain efforts to further upgrade the specialized center in terms of equipment and services, and increase its involvement in developing health policies and models at national level.
- Expand the geographic outreach of the program through mobile clinics.
- Integrate the program within all PMRS health centers.
- Continue the production of health education brochures and programs by using various communication channels.





SPECIALIZED PROGRAMS

Specialized clinic services form an integral part of PMRS PHC services and were further developed in response to the needs of local communities. The importance of these services was proved in view of the closure and siege imposed on Palestinian villages and towns, with lack of access to specialized services due to their location in central cities.

PMRS specialized services aim to:

1. Provide quality specialized treatment at community level, ensuring it is accessible to underserved and marginalized communities.
2. Support comprehensive PHC by bringing specialized services closer to the communities, while maintaining quality.
3. Facilitate and increase access to referral systems within the PMRS service structure.

Dermatology Program

This program remains the only one of its kind in Palestine, aiming to fill the acute gap in availability of dermatologists in the north and south of the West Bank, mainly in rural areas. These services are usually limited to the private sector that is mainly located in larger cities. The program offers its services at 10 health centers.

Due to the siege and closures, the program organizes outreach events in cooperation with the emergency response and first aid program, reaching isolated villages, towns and refugee camps. In 2003, the program organized 17 outreach events, providing treatment to 1,435 cases.

In the permanent health centers, the number of beneficiaries reached 7,283 cases. Although this represents a decline from the average number of cases prior to the Intifada, it is still considered a significant achievement in view of the difficult situation.

Overview of Skin Disease In Palestine

A review of the cases registered by the program clearly indicates that communicable skin problems constitute over 50% of the total registered dermatology cases. This is attributed to the deteriorating socio-economic situation of the population, severe overcrowding, a deficient infrastructure and an acute shortage of specialized services in various areas. Fungal infections constitute over 43% of the total number of communicable skin diseases, another indicator of the deteriorated economic status and the low level of awareness, coupled with the effect of the hot and humid climate.



A review of the 2003 records also indicates a high prevalence of Alopecia areata, particularly in children. This usually accompanies high levels of stress and anxiety, common in the current situation with continuous Israeli aggression against the Palestinians.

In addition, malignant skin diseases are relatively common (1.2%), while skin manifestations of sexually transmitted diseases were at a low level, accounting for only 0.3% of cases.

Health Education

During 2003 the program reproduced its health education material using a new design with improved content. Material focused on issues such as acne, common warts, the sun's effects on the skin, and impetigo. These publications reinforced the role of the program in delivering appropriate health messages in a situation where incorrect information on skin disease is common and has notably increased.

Training and Continuing Education

The program remains active in providing training and continuing education, especially to health workers, on how to advise, follow up and prevent skin disease, and to general practitioners on how to manage common skin problems. The School of Community Health has organized two courses for general practitioners on the management of skin disease, attended by 50 physicians. The program's dermatologists also participated in the organization of scientific events jointly with the Physicians' Syndicate and representatives of the National Pharmaceutical Industry. Hundreds of physicians attended these events.

Future Directions

1. Focus on organizing courses and scientific events targeting physicians and health workers.
2. Cooperate with the Physicians Syndicate in coordination with the Dermatology Society, Gynecology Society and Pediatric Society in conducting specialized scientific events on most common skin diseases among pregnant women and children.
3. Organize specialized outreach events in areas mostly hit by the Separation Wall.



Dental Care Program

This is one of the first specialized programs introduced to PMRS services, combining preventive, curative and restorative services (bridges, permanent and removable dentures). Focusing on children, women and the elderly, the program runs 9 dental and oral health clinics in the West Bank and Gaza Strip. In 2003, the program provided services to over 13,560 cases.

In addition, the program participates in school health activities by providing dental screening and dental health education in schools and kindergartens. In 2003, the program provided oral and dental screening and education to a total of 5,762 students, in 44 schools and 36 kindergartens throughout the West Bank and Gaza Strip.

Eye Health Clinics

In 1998 these clinics were reorganized in order to provide a quality medical service within the PHC setting. The clinics provide treatment and screening for patients with diabetes and hypertension, in addition to providing follow up of cases detected through the school health program.

In 2003, the program offered its services to 2,835 cases through regular visits. The program also cooperated with St. Johns Ophthalmic Hospital in Jerusalem to organize ophthalmology outreach events in different areas, where 408 cases were examined and a number of them were referred to and followed up by the same hospital.

Eye Health Program

The Eye Health Program again fills the gap in specialized health services lacking in rural and remote areas. The program runs a mobile eye health clinic, a center for eye health, and an optometry center that acts as a model center for referral and provision of optometry services that have been until recently, a neglected area in service provision.



The clinic also supports school health activities by providing educational sessions and health days in schools, and by providing treatment when necessary. A total of 1,692 school children were examined in the Ramallah area alone, referring 164 cases to the center for further treatment.

The program takes part in emergency activities and mobile clinics, offering educational sessions on eye injuries and first aid techniques, in over 30 localities.

Optometry Center

This service has been traditionally neglected and limited to the private sector that is expensive, running on a commercial basis. PMRS Optometry services were developed to help prevent health problems that can cause blindness in case of delayed or no service.

PMRS runs one optometry center located in Ramallah City and it is furnished with the latest medical equipment. The center was established in 1995 in order to provide specialized and high quality services, offering examinations and provision of medical glasses and contact lenses at subsidized costs. In addition, the center focuses on preventive and educational activities on eye health, and is the only optometric center in the country providing these services.

Major areas of focus are diagnostic services, care and rehabilitation of cases with sight problems, awareness raising on eye problems, promotion of regular screening tests and production of printed and audio-visual health education materials.

In 2003, over 5,000 cases utilized the center's services, including 2,835 cases undergoing comprehensive eye examinations. These figures represent a significant increase in the number of clients compared to the previous year.



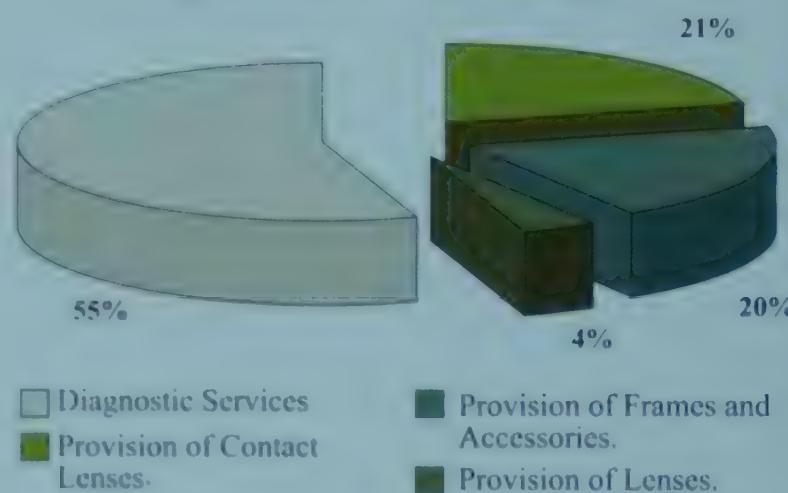
Mobile Optometry Unit in the South

In light of the increasing needs in southern areas of the West Bank (Hebron and Bethlehem) and after signing agreements with UNRWA, the program started providing services in both Hebron and Bethlehem, where 973 cases were examined and 207 were referred for medical glasses.

WHO Global Campaign to Eliminate Blindness – Vision 2020

One of this year's prominent activities was the national campaign for promoting screening tests and increasing awareness about blindness as a global health problem. This involved focus on how to control the causes of blindness, as well as training of health personnel and volunteers in order to organize the campaign activities.

Services Provided by the Optometry Center in 2003



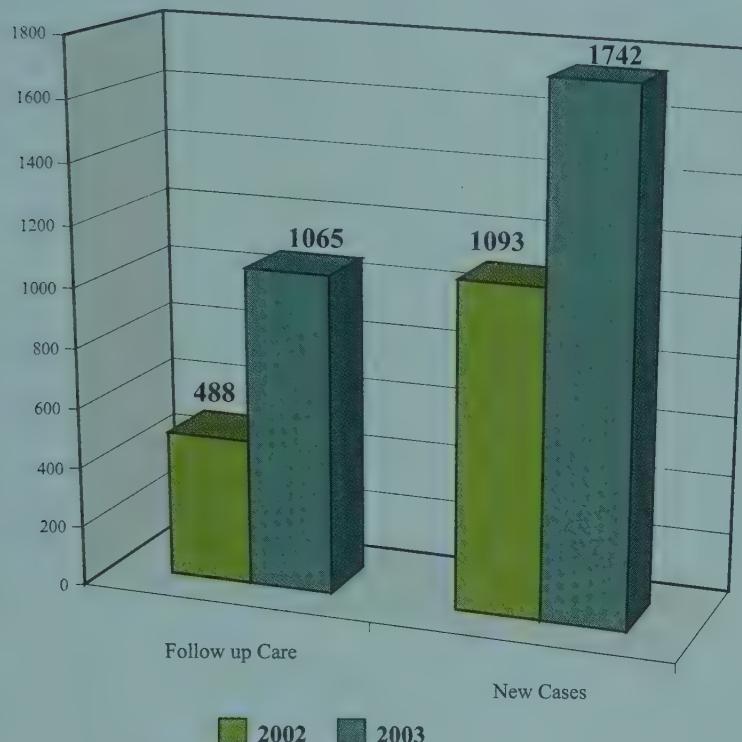
60 persons participated in this campaign, including ophthalmologists, optometrists, health workers and young volunteers. They provided eye examinations to 985 children and over 6,000 children participated in health education sessions, where thousands of health education materials were distributed.

Training

The Optometry center and the program participates in training and continuing education activities, targeting both physicians and health workers in cooperation with the School of Community Health and other programs. The program has trained 11 health workers from different health centers and locations to conduct primary eye examinations. In

addition, 15 volunteers from the Community Youth Centers assist in conducting early detection of vision problems. Eight health workers have been trained to work as ophthalmologic assistants.

Comparison of Services Provided by the Optometry Center Between 2002 and 2003



Cooperation and Coordination

• St. Johns Ophthalmic Hospital

In cooperation with St. Johns Ophthalmic Hospital, the program organized specialized eye clinics where staff from the hospital and the PMRS health centers join efforts to help alleviate the burden of access and cost, for residents of underserved areas. In 2003, this service reached 6,240 persons. Many cases were referred to St. Johns Ophthalmic Hospital for further care. Health education material was produced jointly with the hospital on the following issues: squints in children, ophthalmic complications of diabetes, vernal catarrh, how to protect the eyes, tear gas, and ophthalmic first aid.

• UNRWA

The center has an agreement with UNRWA for testing school children and providing them with medical glasses within a joint aid program. The center provides the tests and services to UNRWA in central and southern areas of the West Bank. In 2003, a total of 342 medical glasses were prescribed and disbursed to needy school children.

• Social cases and exemptions

Seeking to provide eye health services to all and in view of the fact that eye testing and provision of medical glasses are a great economic for many families, the program attempts to assist social cases by providing fee exemptions in coordination with the staff of PMRS health centers and St. Johns Ophthalmic Hospital.

Future Perspectives

- Carry out statistical research on eye disease and vision problems in Palestine.
- Expand mobile clinic activities in the south and north in cooperation with St. Johns Ophthalmic Hospital.
- Upgrade the specialized diagnostic services to include additional services in order to help patients who have difficulty in reaching Jerusalem (the only place where these services are available for the Palestinians).
- Cooperate with the Cardiology and Chronic Disease Center in establishing a permanent ophthalmology clinic at the Center in order to provide follow up for patients with diabetes and hypertension.
- Cooperate with the Child Health Program in providing early detection of eye and vision problems in children, especially refraction errors and squints.

■ Other Specialized Services

In response to the intensified closures and increased restrictions on the mobility of people and medical teams, PMRS has made subcontracting agreements with physicians and specialists from different disciplines to provide their services within the PMRS health centers. This process will alleviate the travel burdens on the local population and provide a wider range of services in the health centers. This is especially important considering that specialized services are often limited to major cities and out of reach of those with the most need for them.

Within this process, a number of urologists, orthopedics, nutritionists, ENT specialists, diabetes specialists and others provide diagnostic and curative services at several PMRS health centers. In 2003, a total of 5,874 patients made use of these services.





COMMUNITY-BASED REHABILITATION (CBR) PROGRAM

The PMRS CBR program is one of the leading community-oriented programs in Palestine. The program seeks to provide rehabilitation services to people with different types of disability within their communities, up to their full social integration. The program adopts the principle of equal opportunities and helps those with a disability to acquire skills necessary to perform daily life activities with the maximum level of independence, and play an active role in their communities. The program adopts a human rights approach, focusing on the rights of people with a disability as expressed in the Disability Law Number 4.

■ Disability and Siege

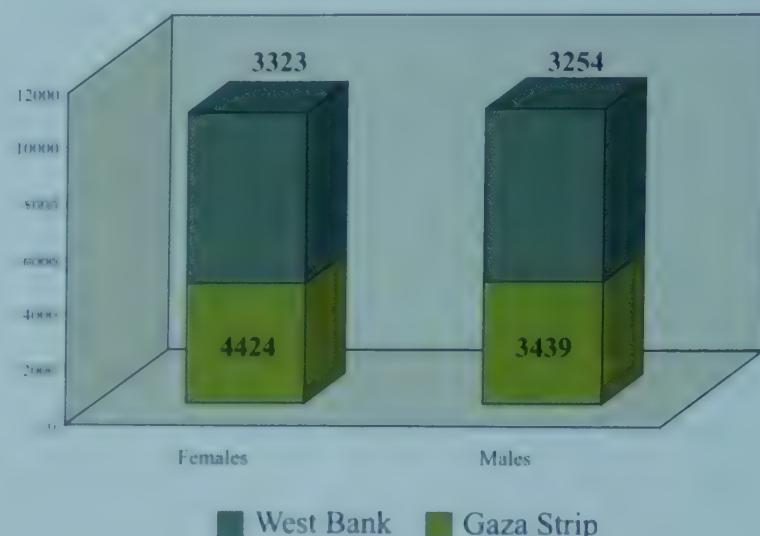
In light of competing priorities and limited potential, attention to the rights and needs of people with a disability has declined, despite the increase in their number. With poverty levels reaching 72%, the disability issue has become a low priority under an adverse economic situation. Survival has become the priority rather than a decent life, and the need for livelihood has become more urgent than ensuring health and development for family members.

The siege and checkpoints have restricted the movement of medical teams; negatively affected the referral process, especially at secondary and tertiary levels; and hindered the provision of medicines and medical supplies to persons with spinal injuries, paralysis, mental disabilities and learning difficulties. As a result, the program has been under continuous pressure to respond to the needs of over 350 wounded persons and provide medicines to patients with mental and neurological diseases. However, for a third consecutive year, the program has been struggling to sustain its role.

The CBR Program works with 102 communities throughout the West Bank and Gaza Strip with a total population of 541,000. The program works with about 14,458 persons with a disability of both sexes and different age groups.

and recruit volunteers to run activities aimed at preventing a disability. In 2003, up to 2,691 volunteers from the local community participated in the CBR activities.

Number of Home Visits Conducted by the CBR Program in 2003



Community-Based Rehabilitation

CBR teams form the backbone of the program's activities, striving to reach every person with a disability, in the communities where the program functions. They also aim to mobilize local resources

The program runs a day care center for children and two physiotherapy centers in Gaza and Nablus. In 2003, physiotherapy services were provided to about 13,000 beneficiaries in the West Bank and Gaza Strip. The program also implements several types of activities related to people with a disability

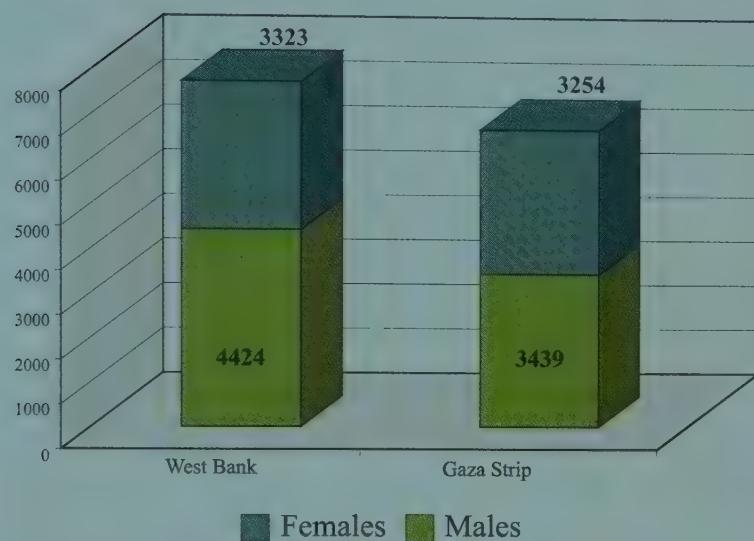


and their families, ensuring the provision of basic services. The program's activities are organized at the following levels:

• Individual/ family level

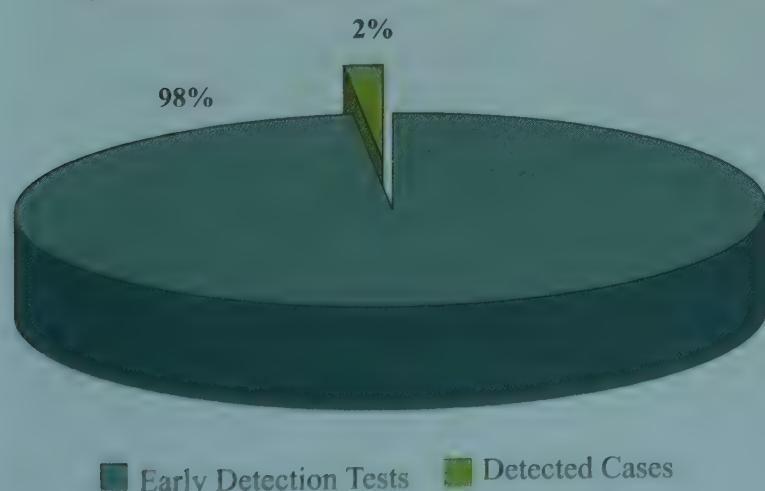
CBR workers train persons with a disability on daily life skills; train family trainers on how to assist the disabled person; and assist in adapting the home environment to help the disabled person become more independent. This includes attempts to integrate children with disabilities in mainstream schools, and provide vocational rehabilitation to disabled adults to help them seek employment and secure a regular source of income.

Distribution of Registered Disabled Cases According to Age and Gender in 2003



In 2003, 2,082 children with disabilities were integrated into mainstream schools and kindergartens; 35 adults were provided with vocational rehabilitation; and 77 persons with a disability were found employment. The program also provides assistive devices to people with a disability and in 2003 674 assistive devices were provided, with local communities contributing 65% of their cost.

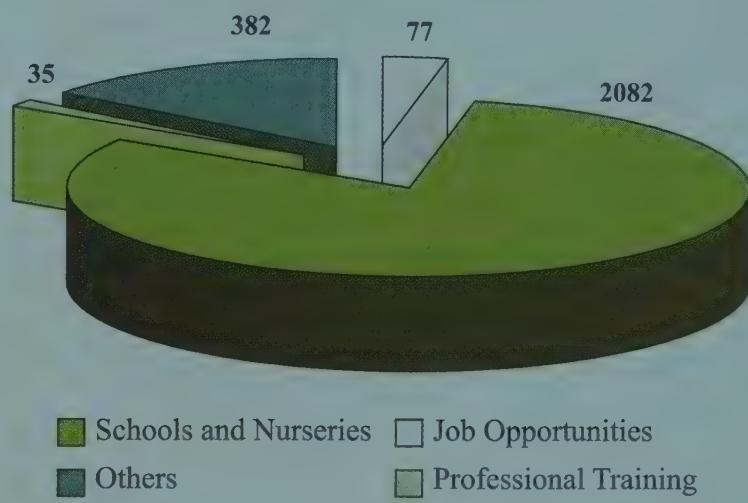
**Percentage of Early Detected Cases Through Screening
(Total Number of Cases in 2003 = 43,421)**



• Community level

The program seeks to change negative attitudes towards disabilities at the social level; advocate for policies that ensure the rights and social integration of people with disabilities; as well as introduce structural adjustments to public facilities to make them accessible to persons with disabilities, thus facilitating their active participation in social life. CBR teams actively encourage families of persons with disabilities and community members to join efforts in organizing community activities. This effort has lead to the establishment of local community support groups that function independently from the CBR program, but with its technical support, in the planning and implementation of rehabilitative and preventive activities in their communities.

Distribution of Community Integrated Cases in the CBR Program



In 2003, more than 630 disabled children participated in 42 summer camps organized by the program, which were attended by more than 2,000 disabled and non-disabled children. In most cases, teams of local volunteers, mainly women, ran the camps.

• Coordination and policy interventions

The program works in close cooperation with the Central National Committee for Rehabilitation, a coordinating body for disability and rehabilitation institutions. The program is also a member of two regional rehabilitation committees in the north of the West Bank and maintains good relations with disabled person organizations, particularly the General Union of Disabled Palestinians.

Alongside other disability and rehabilitation institutions, the CBR program played a major role in approving the Palestinian Disability Law Number 4

by the Palestinian Legislative Council. During 2003, the program participated in lobbying and advocacy campaigns aimed at prompting governmental institutions and other relevant bodies to enforce the law by adopting specific practical measures, including developing bylaws and regulations that facilitate the enforcement of the law.

As part of coordination activities, in 2003 the program participated in establishing coordinating committees in 5 regions, consisting of representatives from Ministries, NGOs and representatives of disabled persons.

Lending Centers for Assistive Devices

The establishment of the lending centers for assistive devices is a prominent achievement of the CBR program, and a continuity of the PMRS community approach. The first lending center was established in Ramallah in 1999 and the second in Gaza in 2000. During 2003, additional centers in Hebron, Nablus and Jenin were developed to access even more beneficiaries.

Lending Center's Goal

The main goal in establishing these centers is to assist the disabled, elderly and persons with a chronic disease to adapt to their temporary or permanent life conditions. This will help them achieve independence at home and in the community, improving the quality of their lives and enabling them to participate in family and community life.



Lending System

The system of lending equipment for a symbolic fee gives the beneficiaries a chance to make use of the equipment for short periods of time rather than buying them for high prices, often beyond their ability. This also helps to increase the number of people benefiting from the same device.

Supportive Services

• Vocational and social counseling

Professionals in physiotherapy and psychosocial counseling provide beneficiaries with individual advice and counseling, and assess their need for physical and psychosocial support. Support packages are then developed which include training beneficiaries on the proper use of the equipment, and staff and volunteers make home visits to provide care and follow up in the field and set individual appointments for counseling in the centers. In 2003, 1,453 consultations were provided and 411 cases were referred to specialized facilities or specialists.

• Volunteers

The lending centers mainly rely on volunteers to sustain services and coordinate with the CBR program. Around 150 trained volunteers cooperate with staff in implementing activities both inside and outside the centers; documenting cases and provided services; implementing community activities; organizing the volunteer activities; visiting institutions and hospitals; and providing follow up to certain cases.





The Lending Center's Manual and Training

With the establishment of the first PMRS lending center, a special manual on the center's activities was developed in order to allow for the duplication of the model in new areas, providing the required material for training purposes.

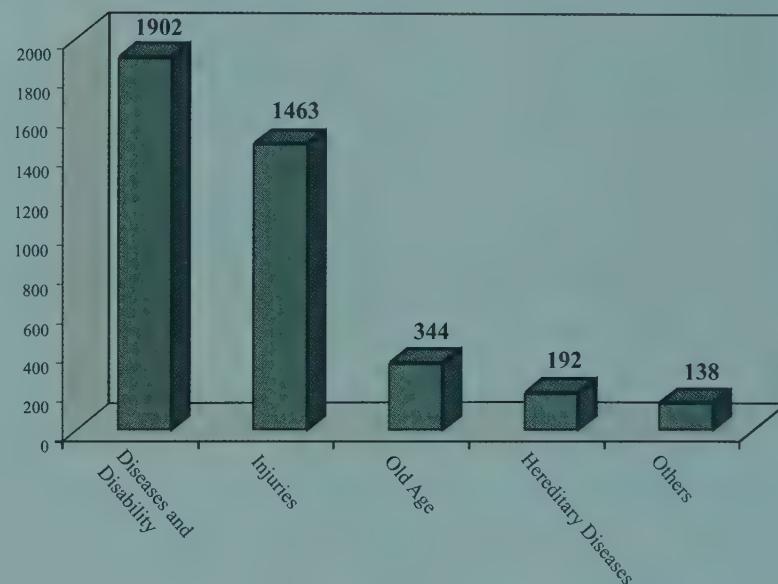
Regular training courses are conducted for the staff and volunteers focusing on:

- Reception of beneficiaries and participation in the process of lending and returning the equipment
- Training the beneficiaries on the proper use of equipment
- Home visits
- Use of the computerized system

Developing a National Network of Lending Centers

In the summer of 2003, a first of its kind study assessing the needs for equipment and assistive devices in the West Bank and Gaza Strip, and conducted by the CBR teams, was concluded. Based on the findings, PMRS has developed a strategic plan for developing lending centers in order to respond to the pressing need for these services, especially in view of the Intifada and the increasing numbers of temporary and permanent disabilities. This strategic planning process has been successful in ensuring the development of a highly effective and quality network that integrates well within other PMRS services. The opening of lending centers in Jenin, Nablus and Hebron came in line with the plan and the study findings.

Distribution of Cases According to Disease and Need, for all Equipment Loan Centers



In 2003, the Lending Centers offered services to about 1,107 beneficiaries. The total number of lent equipment reached 2,700. Equipment was provided free of charge to persons with Intifada-related injuries. This equipment was provided either directly to the beneficiaries or through hospitals in order to help them manage patients with injuries.



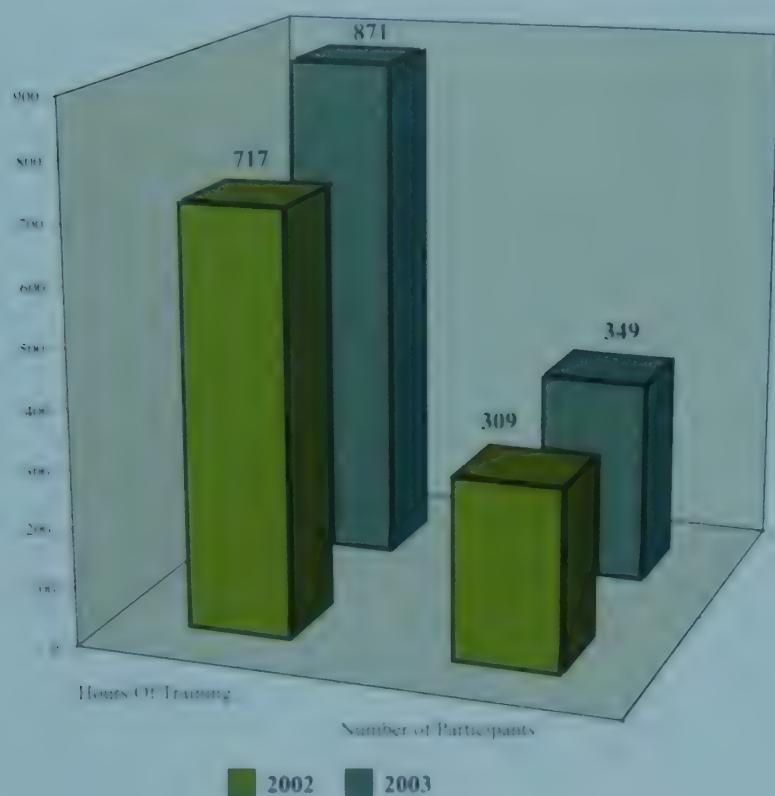




SCHOOL OF COMMUNITY HEALTH

PMRS started its first training activities 20 years ago in the form of a training course for health workers from areas where PMRS clinics were to be established. The aim of the training was to provide local health personnel in remote areas lacking access to all forms of health services. Gradually, training at PMRS developed into the establishment of the School of Community Health – a training center for graduating health workers and providing continuing education. The School's training program for health workers (Diploma in Community Health) is accredited by the Ministry of Education and Higher Education. Continuing education activities at the School are aimed at improving the performance of health and social personnel, at PMRS and other health institutions in the area of PHC and community health.

Comparison of the Number of Training Courses Provided by the School of Community Health Between 2002 and 2003



Training programs at the School are directed at meeting the needs of health and development in Palestine, providing training courses on subjects including CBR; women's health; and individual and community development. Training is targeted at health and social workers from PMRS, governmental and non-governmental sectors, as well as individuals from local communities.

In 2003, the School of Community Health offered training to 717 health professionals through a total of 871 training hours.

Specific Features of 2003

The School was able to go beyond its plan for this year despite the closures and continuing deterioration of the political situation.

Two-Year Diploma in Community Health

For the first time the School of Community Health was able to supervise 3 groups (59 students) of trainees in the 2-year diploma program, with the aim of qualifying young women from local communities to engage in healthcare in their own communities. Community health workers graduated from the School form the main pillar of PMRS community activities, and are an integral part of the health teams that provide preventive and curative services. As such, community health workers contribute to the improvement of health in their local communities, and the involvement of women in the community development process. During its history, the School of Community Health has graduated a total of 229 health workers in 13 groups of students.



Afaf Malsa's first experience as a birth attendant

Afaf graduated this year. She lives in the Deir Ibzei' village - close to Ramallah but separated from the city by several military checkpoints. She accompanied her brother's wife who was in labor, to Ramallah. However, the mother had to give birth on the way. Afaf supervised her first delivery following all the required instructions and steps.

Afaf took the mother and child to Ramallah Hospital for a check up after she felt that they were both in good condition. Afaf and all her colleagues are proud of their role as health workers and of their training on safe motherhood practices at the School of Community Health.

The 13th group of student health workers completed their training in June 2003. This group consisted of 18 students who had the first ever chance to sit the national exam supervised by the Ministry of Education and Higher Education. All of the students passed the exam successfully and thirteen graduates were recruited into PMRS programs and other institutions directly after their graduation.

While the 14th group of students continues with their second year of training, a new 15th group consisting of 24 students began training last autumn. Due to the prevailing situation, the School was unable to admit students from the Gaza Strip for the second consecutive year.



The School worked with the Women's Health Program in conducting special continuing education courses on safe delivery practices in cooperation with UNFPA, and in response to the emergency situation, closures and need to promote the skills of health workers.

The School focused on responding to the emerging needs in child health in times of emergency. A number of training courses were organized in first aid; counseling skills; management of children exposed to violence; psychological effects of the emergency situation on children; in addition to refresher courses on protocols of management of common childhood illnesses.

■ Continuing Education Programs

The School continued its provision of short training courses aimed at improving the performance of field health workers and health administrators in different areas, as well as training them on the use of protocols, keeping them abreast of theoretical and practical developments in their field of work. Continuing education activities are also offered to staff at other institutions, including the MOH.

In 2003, the School of Community Health organized 871 continuing education hours, where 717 health professionals were trained, including physicians, nurses, midwives, lab technicians, and health workers. A large part of these courses were developed in response to the needs of health staff at PMRS and the MOH, in addition to other health providers. Courses addressed different issues, such as first aid and emergency care; women's health and safe delivery practices; family planning; child health; chronic diseases; and mental health.

■ PHC Course for Physicians

This course lasts for three months and is designed for newly graduate physicians. The first pilot course was launched in 1999 and was the first of its kind. The course aims to provide physicians with skills and principles of the PHC setting. Theory is combined with opportunities in field practice in PHC centers run by PMRS, UNRWA and other institutions. The training also provides physicians graduated from different countries worldwide with knowledge on the local health situation and adopted protocols. It exposes them to the concept of health in its comprehensive sense, as a major element that reinforces the application of medical skills obtained from medical schools. So far, the School of Community Health has conducted 4 PHC courses attended by 59 physicians from the West Bank and Gaza Strip. In 2004, the School will host 2 new PHC courses for physicians from different parts of the West Bank.





HEALTH EDUCATION AND PROMOTION PROGRAM

Developing PHC concepts from a comprehensive perspective depends largely on health education and promotion as one of the major elements of PHC. The Health Education Program is considered an integral part of all PMRS activities and programs. The program seeks to positively influence behavior and life styles, basing awareness raising activities on the principles of wide community participation, and an accurate understanding of the health needs and priorities in the community.

Since its first year of work, PMRS has been producing health education material to deliver health messages to local communities and different health and developmental institutions, addressing topics of concern to all age and social groups. The material is considered a major tool in the hands of health and development workers, assisting them in their educational activities.

The Program's Vision

To promote healthy life styles as a major component of strategies for change, and to improve health conditions by equipping health personnel with the knowledge and skills to participate in health education and promotion activities.

In 2003, PMRS produced 62 health education publications in both print and audiovisual format, including 10 new printed publications; 9 TV spots; 10 radio spots; and 24 radio episodes.

■ Audiovisual Material and Theater Activities

PMRS continued to use theater as a means to deliver health messages. This year, focus was placed on the healthy behavior of children and the impact of the political situation on child health and psychological wellbeing. The Forum Theater approach allows for audience participation by offering comments on issues raised in the show, and proposing solutions remains a commonly accepted method for addressing problems related to women, youth and the family. At the same time, previously videotaped theater performances are utilized in discussion sessions with young people in schools, clubs and media channels in case a live show is not feasible.

PMRS teams working with youth in particular employ health theater activities to encourage young people to develop their talents and abilities, and

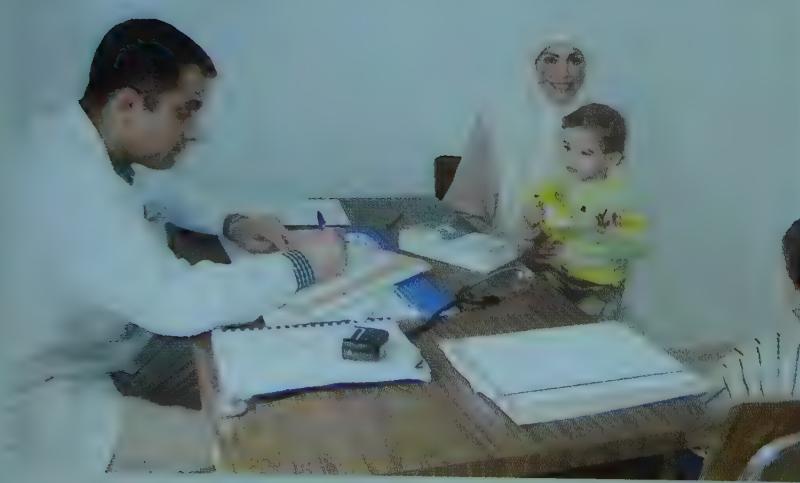
participate in delivering health messages to their peers and younger children in schools and summer camps.

In 2003 and within the activities of women's health, child health, chronic disease and emergency response, health education programs were produced on different issues and aired through regular radio and TV channels. In total, 24 programs were aired in 2003. In addition, radio and TV programs were produced on the difficulties created by the total closure of Palestinian areas, in order to raise public awareness on simple preventive measures and the recognition of danger signs. Fifteen of these programs were aired during the year.

■ Print Materials

As part of a process of documenting PMRS contributions to national health education and promotion activities, 174 publications produced by PMRS over the years have been archived. All educational material produced by PMRS since its start, has also been included in the national directory of health education material.





National Campaigns

Several activities were organized on the occasion of International Thalassemia Day, where talks and health education sessions were conducted, along with screening tests for blood type and hemoglobin. These activities involved health education teams and volunteers from the community youth training centers and Thalassemia Patients Friends Society.

The campaign on safe delivery practices was one of the widest campaigns this year, employing various means to inform the public about danger signs in pregnancy and labor; how to prepare for a safe delivery; and what service delivery points are available in each area. Over 70 health workers participated in a wide range campaign in rural areas most hit by closures and restrictions. The campaign focused on major health issues facing families and mothers, such as care of newborn babies and postpartum mothers; psychological counseling; and care for the elderly and persons with chronic disease.

A New Body and Upgraded Information System

A new health education and promotion body was formed including representatives from all programs and districts. The task of this body is to provide suggestions on how to further develop the role of the program at all levels of PMRS. This newly established body worked on archiving and classifying all material, and started the process of renewing and updating certain previously produced material; developing new material; and building an information system for monitoring and evaluating health education and promotion activities.

Cooperation and Coordination

The newly formed body cooperates with numerous active institutions. PMRS is a member of several national forums specialized in health education, such as the National Health Education and Promotion Committee and the National Breastfeeding Promotion Committee. In 2003, PMRS participated in several workshops and joint activities with the Ministry of Health, Ministry of Education, Ministry of Youth and Sport, Ministry of Social Affairs, UNRWA and NGOs, in developing joint teaching/ learning materials or discussing issues related to national health education policies. This is in addition to coordination with the different Palestinian Universities and Colleges.

Training

The program participated in a number of training courses on issues related to communication skills; management of campaigns; use of modern health education techniques; and training on crisis management.

Future Plans

- To complete the Directory of Health Education Material and post it on the PMRS website.
- To proceed with the production of new material on child health, chronic disease, psychological counseling and mental health issues.
- To conduct complementary workshops for health educators.
- To produce audiovisual material.
- To reinforce the utilization of the Forum Theater approach and drama in health education and promotion activities.





EMERGENCY AND FIRST AID PROGRAM

As a result of the fragmentation of the West Bank and Gaza Strip into a large number of cantons due to military checkpoints and roadblocks, as well as the ongoing construction of the Separation Wall in the West Bank, PMRS found it necessary to expand its services in confronting deteriorating health conditions, especially amongst women and children.

First Aid Training

PMRS has reorganized its activities in first aid training, in order to provide community-based first aid teams that can properly manage emergency situations related to the political situation and daily accidents. First aid teams have proved their effectiveness since the start of the current Intifada, providing first aid to persons wounded during confrontations with the occupation army, and putting their lives at risk in order to save the lives of their peers. The total number of first aid trainees has reached 32,000 young people.

First aid training and the distribution of first aid material to local communities and emergency centers, have been amongst the most important PMRS activities during the Intifada years. 168 training courses were organized

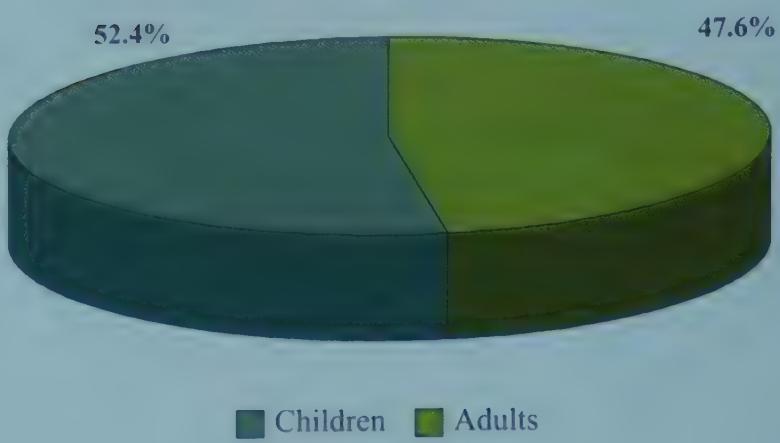
for around 4,173 participants. The course consists of 11 training sessions, where first aid teams consist of young male and female participants from local communities.

First aid team members form a core group that transfers skills to their peers, and provides aid when needed. This role represents a strong example of involving younger generations in community work. Teams are regularly supplied with first aid material, in order to function actively in their communities. They are also provided with ongoing follow up in order to maintain links with them, and upgrade their skills.

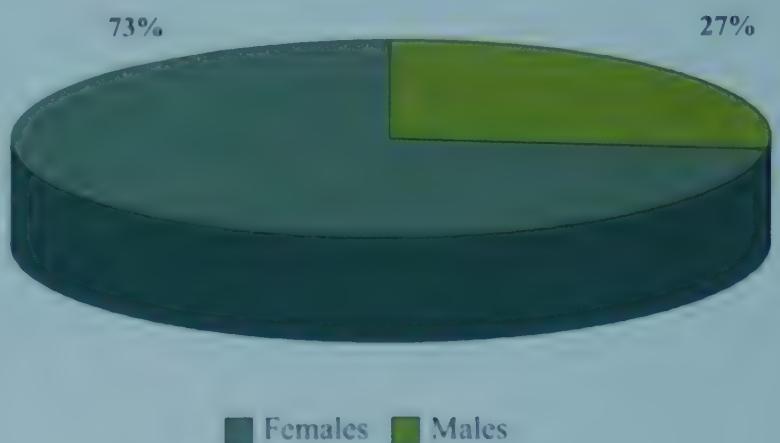
Mobile Clinics

Due to the continuing closures, curfews and mobility restrictions, accompanied with soaring unemployment and poverty rates, PMRS has continuously organized mobile clinics in the West Bank and Gaza Strip, with the aim of providing free of charge health services to besieged or marginalized areas. Sixteen clinics have been able to reach 490 communities, including villages, refugee camps and towns, serving 160,020 beneficiaries during a total of 2,095 medical days.

Distribution of Beneficiaries of Mobile Clinics According to Age



Distribution of Beneficiaries of Mobile Clinics According to Gender

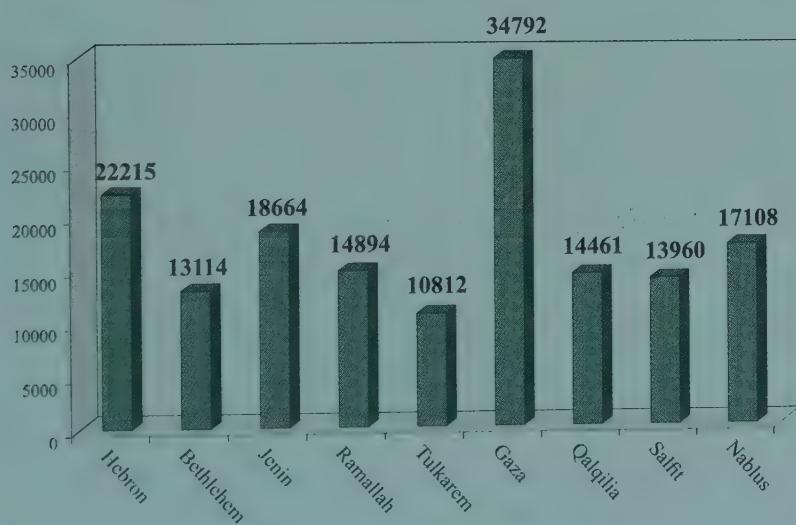




Women, children and the elderly are the main target groups for these clinics as they are more vulnerable to health problems and complications, due to the situation. In many instances, these clinics are the only source of health care for populations living in isolated areas.

In addition to PMRS staff, mobile clinics involve volunteering physicians and health workers who participate in conducting physical examinations and providing treatment for free. Mobile clinics also include specialists in gynecology, pediatrics, ophthalmology, dermatology, and oral health, as access to these services has been seriously affected by the closures.

Beneficiaries Served By Mobile Clinics in 2003



Ambulance Services

This service was established due to difficulties in traveling between towns and villages; the pressing need to help patients reach hospitals and treatment centers; the need to provide emergency services in times of closure and curfews; and the increasing need to be available at sites of confrontation with the occupation forces, in order to help transport wounded persons. PMRS sought to provide at least one ambulance per region, in order to serve

the wounded and patients in difficult times, and to facilitate the work of medical teams. There are currently 10 ambulances on duty 24 hours a day across the West Bank and Gaza Strip.

Generous Donation of Ambulances

- Emirates Red Crescent Society donated 5 ambulances to PMRS during the emergency situation and incursions. These ambulances currently provide free of charge emergency services to patients and wounded persons at sites of confrontations.
- Mr. Farid Shalabi, a Palestinian from the United States, donated 2 ambulances to PMRS at the beginning of the Intifada. They currently operate in the West Bank.
- MSF/Greece has donated one ambulance to serve in Gaza City.

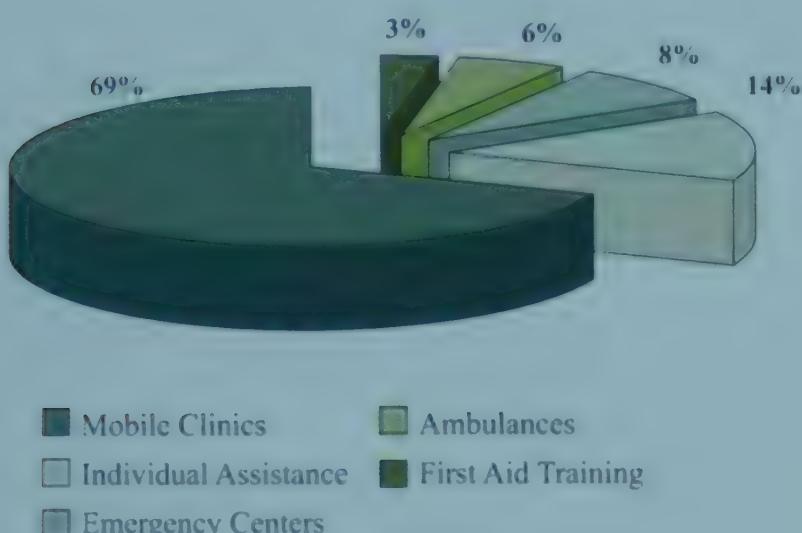
A total of 41,326 social cases have been assisted in conducting medical tests, surgery and treatment. Ambulances transported 12,945 patients, wounded people and medical personnel. Over 6,592 wounded people were assisted at sites of confrontation and 17,593 patients received free of charge treatment during curfews and siege.

Emergency Centers

With the Israeli reoccupation of Palestinian towns and repeated curfews, PMRS teams working in the emergency program established emergency centers with the cooperation and significant involvement of the local community. Centers were opened in towns that were subjected to reoccupation, siege and curfews. The centers operated a hotline receiving requests for services from people under siege; received patients needing treatment; and provided medication to patients - mainly children and the elderly.

PMRS was able to equip 226 emergency centers and assisted in creating 385 emergency service points run by health centers, clubs and volunteering physicians. Teams of volunteers, first aid providers and international volunteers assumed the responsibility of delivering medication to patients, mainly children and the elderly, and providing other needs such as food supplies to families in need.

Beneficiaries of the Emergency and First Aid Program



manual for first aid trainers and providers, which was produced using illustrations. It has been distributed to trainers, first aid teams and concerned institutions, where it is utilized as a training tool.

■ Representing PMRS at Different Emergency Committees

PMRS is represented at all emergency committees formed during the Intifada, both at national and local level. Some of these committees consist of governmental and non-governmental organizations, while others were formed as part of coordination efforts among NGOs. Some committees focus on health issues while others cater to different aspects of the emergency situation.

As part of preparations for the possible impact of the war on Iraq, PMRS participated in the formation of the National Central Emergency Committee together with the MOH, Red Crescent Society and other NGOs. PMRS has been an active participant in all committees at district level.

PMRS health teams also work with different institutions, mainly UNRWA and Physicians for Human Rights, in a number of joint medical campaigns, targeting besieged villages and refugee camps.

PMRS teams took the initiative to call for the creation of emergency committees in villages and local communities.

■ International Solidarity and Media Activities

PMRS has been active in making use of its international status and links, in order to illustrate the health situation in the Palestinian Territories. PMRS activities included:

- Issuing regular appeals and reports addressing the International Community through the Internet, to describe violations of the Palestinians' right to healthcare.
- Using the PMRS website to report on violations of principles of medical neutrality.
- Conducting press conferences to report on the Palestinian health situation.
- Reporting on the Palestinian health situation at

■ Production of Training Material on First Aid

The program continued to produce and distribute posters relating first aid training messages. Each poster addresses an issue that requires first aid. The posters aim to reinforce education amongst first aid providers helping them retain and refresh their knowledge. In total, the program has produced 13 different posters. The most recent one addressed injuries to the abdomen and chest. Posters are updated before being reprinted.

The program also revised and reprinted its training

international health and medical forums.

- Hosting international delegations from several countries including France, Spain, USA, Canada, Germany and Denmark.
- Delivering presentations at both Arab and international forums, including lectures at the House of Commons (United Kingdom), European Parliament and France, Germany, Jordan, and Abu Dhabi.

International Delegations Providing Medical Services to Palestinian Patients

- Medical students from Denmark
- Physicians from Italy, particularly from Terre Des Hommes
- Physicians from Germany, particularly from Hammer Forum
- Physicians from the United States

The Separation Wall and its Impact on Health

The Wall poses a severe threat to the livelihood of a large number of people. According to data from the Health, Development, Information and Policy Institute and other sources, 247,000 Palestinians living in 122 villages and communities will be directly affected by the Wall, and another 754,000 Palestinians will be affected indirectly, as the Wall will divide the West Bank into three large areas completely isolated from each other.

Since the beginning of 2003, PMRS has played a coordinating role in the Committee for Resisting the Wall, comprised of NGOs and popular and official leaders from the Jenin area. Both PMRS and the committee were able to provide assistance to villages affected by the wall, helping a large number of citizens. Activities included medical outreach; assistance to obtain medication and surgical treatment; as well as activities to support poor families and university students.

During the final months of 2003, PMRS focused its work on Tulkarem and Qalqilia, organizing dozens of medical outreach activities in communities affected by the Wall either through isolation or land

confiscation.

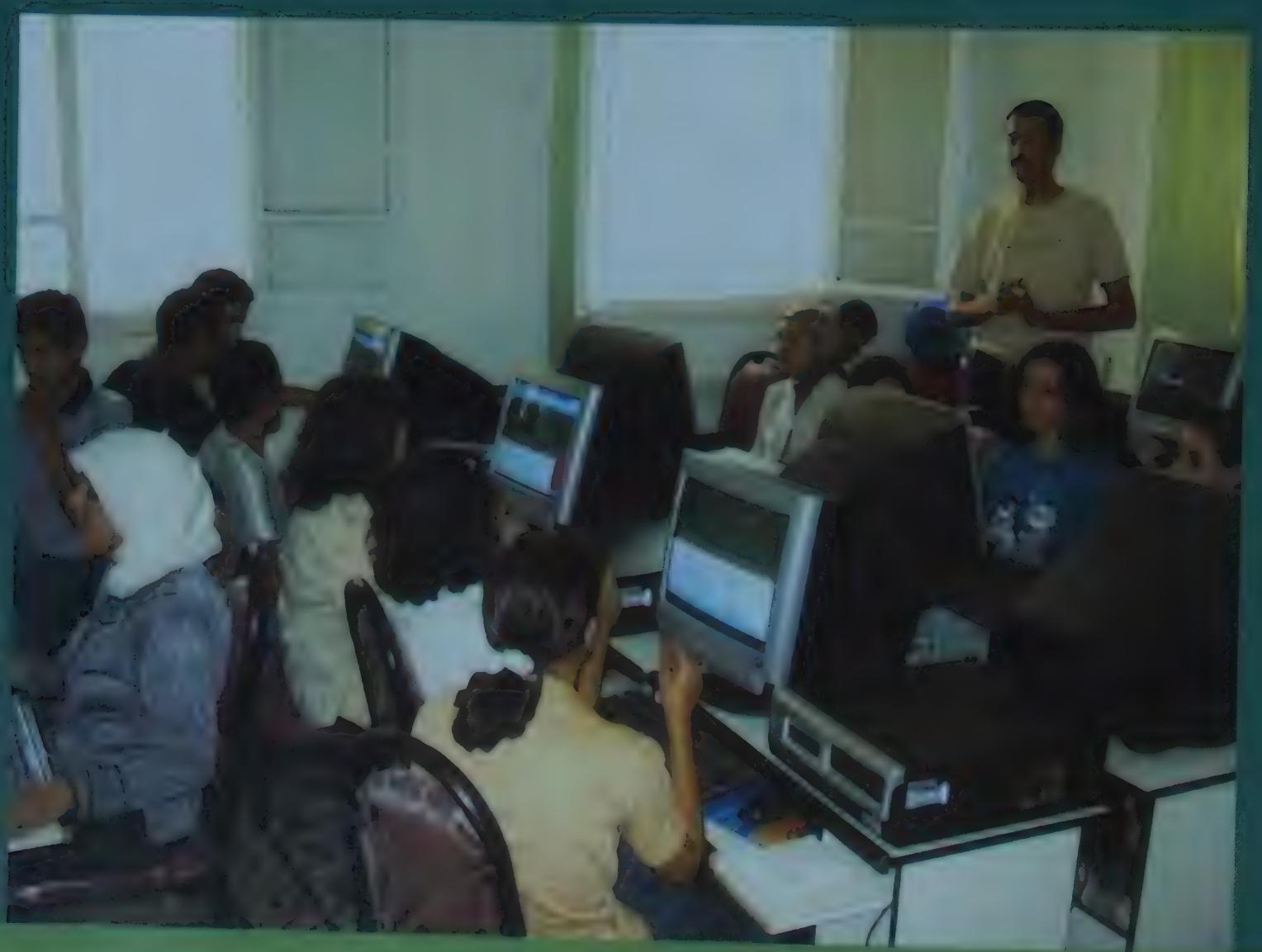
The mobile clinic visiting this area provided general care together with a women's health clinic. In addition, PMRS in cooperation with the Human Rights Association conducted 36 medical days, serving over 10,800 cases many of whom were referred for follow up at hospitals and specialized clinics.

At the same time, PMRS initiated first aid training courses for school children and families in communities affected by the Wall. Trained first aid teams will eventually be prepared to provide first aid to injured persons and patients in these communities.

PMRS emergency response has included all PMRS programs, as the construction of the Wall is expected to affect the lives of the Palestinian population in many ways. For example, the Women's Health Program has organized a national campaign for safe delivery, in order to raise public awareness about the availability of reproductive health services, in order to reduce mortality and morbidity related to giving birth under emergency conditions.

The program has developed a plan to intensify the provision of mobile clinics in villages and communities affected by the Wall, and to initiate a campaign to establish support groups formed by women who can take an active role in reproductive health and emergency.







YOUTH AND COMMUNITY CENTERS PROGRAM

Recognizing the role of young people and their ability to participate in the development of their communities, and in light of the lack of social facilities available to youth, PMRS established the first community center for youth in Ramallah City in 2000. The establishment of the center came as a culmination of PMRS' experience in working with first aid teams, which are mostly comprised of young people. The center aims to provide youth with an opportunity to interact, exchanging knowledge and experience. It also offers training in different areas including life skills, health education, first aid, leadership skills, democracy concepts, language skills (such as English), computer skills, and culture.

Building on this unique experience, PMRS sought to expand this model by developing similar activities across the West Bank and Gaza Strip. Community youth centers were opened in Jerusalem and Nablus.

In 2003:

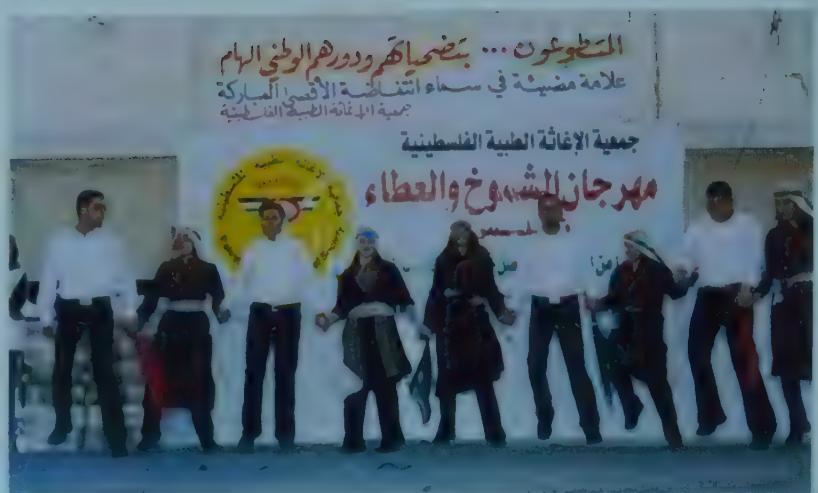
- The program's activities reached 22,685 young people, 43% of whom were female.
- A total of 485 training sessions on first aid were held, attended by 2,644 young men and 1,851 young women.

- Over 4,911 young men and 3,471 young women attended training courses, sessions and workshops on various issues (computer skills, leadership, life skills, and English).

PMRS still hopes to establish youth centers in all districts, in order to empower young people and provide them with skills important to shaping their personality and a better future.

The Youth Program aims to:

- Create a pioneering and democratic generation that can lead the process of social development and change.
- Facilitate youth discussion through a network of youth groups.
- Activate a creative role for youth through the formation of lobby groups that can influence youth-related legislation, laws and policies.
- Promote the role and involvement of Palestinian young women, drawing attention to gender issues.
- Encourage volunteering and team work, giving youth a sense of responsibility.



Volunteer Work and the Role of Youth

Young volunteers are the core of PMRS emergency teams. In addition to the first aid skills they acquire through specialized courses, the program provides opportunities for personal and social development, through activities such as summer camps and development training courses on skills in leadership, communication, computers, and English, as well as civil society concepts, and health education. These activities consolidate links amongst youth promoting their role in effecting social change.

Volunteer youth groups implemented 238 voluntary work events with the participation of 878 males and 1,225 females. Volunteers also participated in activities in support of just peace, democracy and Palestinian self-determination, amounting to 31 activities with the participation of 907 young males and 348 young females.

Volunteers assisted the trained first aid teams in transporting patients and the elderly through roadblocks. Prior to the war on Iraq, the program produced and disseminated a special leaflet on how to be prepared for managing emergency situations. The leaflet included important telephone numbers of emergency centers. Volunteers assisted in developing the leaflet and disseminating over 200,000 copies. Youth groups also participated in assisting needy families by providing them with food supplies and delivering medications needed during curfews.

An initiative:

Due to the frequent incursions and curfews on Nablus city, the volunteers at the youth community center developed a map of the city indicating the city's streets, neighborhoods and houses. This map has been used in the organization of aid activities and the provision of first aid to emergency cases. Specific numbers were given to each house, thus

making it easier to identify the location of families in need of help.

■ Future Perspectives

- To establish youth centers in West Bank and Gaza districts.
- To create a youth network that will work on effecting change, adopting the principles of civil society and democracy.
- To strengthen ties with international youth groups through cultural exchange, as well as exchange of visits and summer camps.



■ Local Partnership Projects

Acknowledging the comprehensive view to health and the role of health as a major entry point for sustainable community development, PMRS continued its support to a number of small-scale community projects. PMRS provided them with material, technical resources and knowledge, and transferring models that PMRS has accumulated over the years.

The program aims to enhance the performance of community institutions, schools and kindergartens, in order to be able to respond to the needs and problems facing communities, particularly in relation to community health.

In 2003, support of community development revolved around offering assistance in developing and building technical and administrative capacities and skills, in order to provide quality health services to women and children in areas suffering from marginalization and lack of services.



■ Priority Projects for 2003

Partnership Grant Project with the Welfare Consortium

Priority was given to underserved villages and communities across the West Bank and Gaza Strip. Projects included upgrading 15 health centers and clinics - 12 in the West Bank and 3 in the Gaza Strip.

Locations of Partner CBOs in the partnership project:

- Salfeet: Women's Charitable Society – Salfeet City, Disabled Union – Salfeet City, Dayr Istiyya Youth Union
- Ramallah (West): Dayr Qiddis Youth Club, Dayr Ammar Youth Club, Bayt Ur Atihta Youth Club, Saffa Youth Club
- Hebron: Bayt Ummar Charitable Society, Halhoul Women Charitable Society, Bayt Ula Charitable Society, A-Samou' Zakat Fund – Ibn Sina Clinic, Bent A-Reef Charitable Society - Dora
- Gaza Strip: Nebras Al-Ajial Society – Jabalia Al-balad, International Friendship Club – Khan Yunis Refugee Camp, Almoghraqa Charitable Society – Al-Amoghraqa

Activities included:

- Restoration or construction of the health centers
- Providing training and improving the technical and administrative skills, and capacities for staff working in these centers and institutions.
- Introducing concepts, programs and approaches

related to child health and women's health, as applied in PMRS health programs, including the use of appropriate protocols and standards.

The program encourages local partners to ensure contribution from the local community in the supported projects. PMRS seeks to maintain links in order to ensure projects' sustainability and upgrading. Preparations are being made to continue this program during 2004/2005.

Improving the Internal and External Environment of Kindergartens and Service Centers

This project is funded by the German Bank of Development and run by the UNDP. It has assisted in developing a model kindergarten (in terms of the internal and external environment) that can accommodate children's needs. Sites were selected in villages west of Ramallah, and the opening of 5 model kindergartens was celebrated this year.

The following Kindergartens and Community Service Centers were established:

- Child center in Kubar
- Community Services Center in Qarawat Bany Zeid
- Community Services Center in Qibya
- Kindergarten in Beit Ur A-Tihta
- Kindergarten in Khirbat Al Musbah



Job Creation Project

As part of PMRS support to local communities in impoverished areas, and provision of job opportunities for the unemployed, PMRS has worked on supporting the construction and rehabilitation of clinics, kindergartens and service centers (clubs). In addition to creating jobs that can help solve the immediate issue of unemployment, this approach also contributes to community advancement and development, by supporting its institutions and service centers.

In 2003, four rural projects were implemented. PMRS perceives this contribution as support to community self-development, based on the priorities and strategies identified by community members. This is in addition to their role in alleviating the burden of a deteriorating political and economic situation.





FINAL NOTE

Whilst we look back over the last 25 years, we are proud of the work that our staff and volunteers have achieved in close cooperation with the many communities with whom we work.

Together we have

...Strengthened our work with Palestinian communities

...Developed a rich and exceptional history in health development

...Built creative and pioneering models of health development that adopt a holistic approach to health care

...Worked in cooperation with other NGOs

...Helped to build a Palestinian civil society

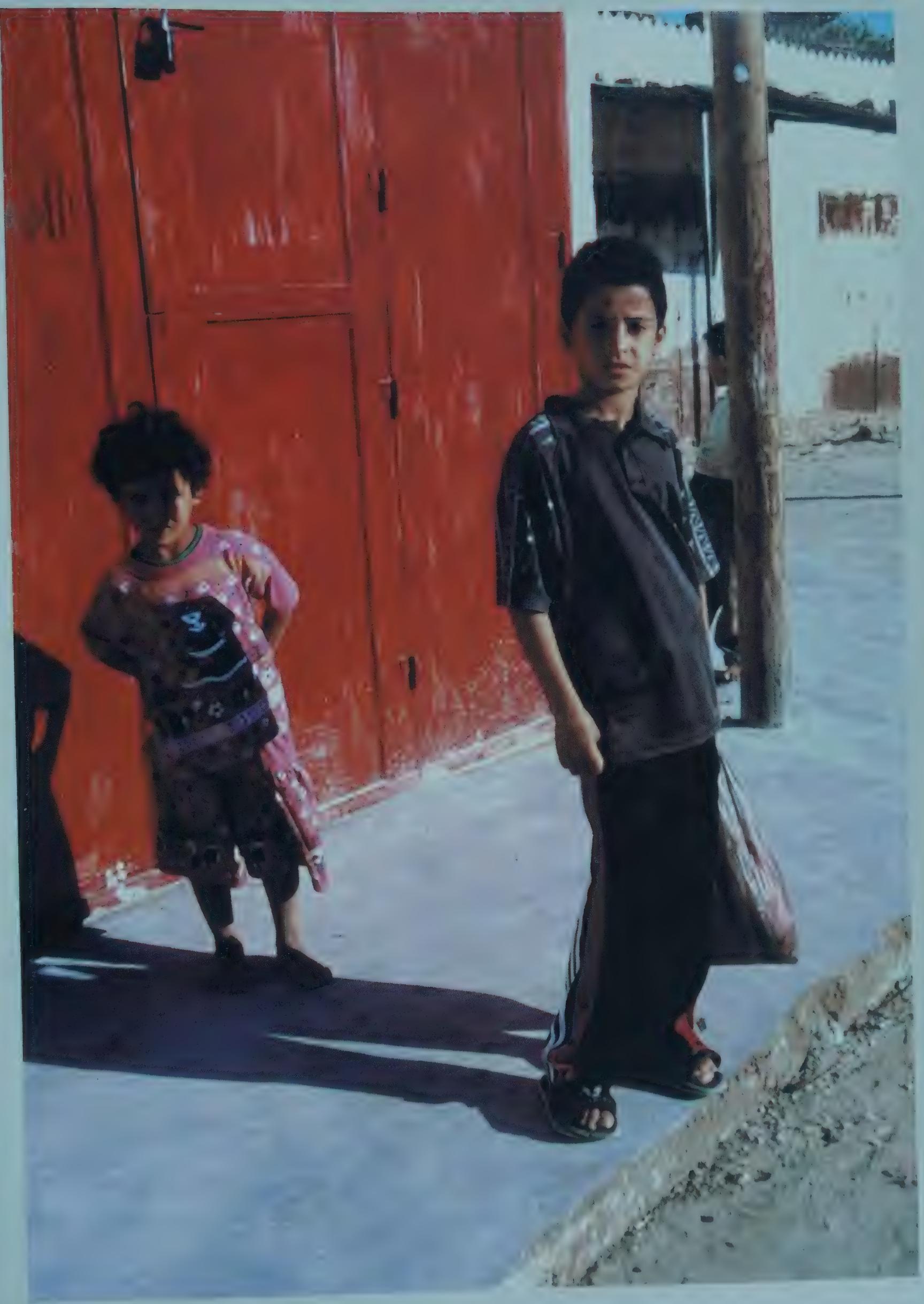
...Worked in cooperation with the Ministry of Health and other ministries representing the interests of the nation and individual citizens

...Built a wide network of international support

...Maintained a distinguished presence to represent the Palestinian experience, at regional and international forums

...Made continuous effort to ensure quality health for all as part of the process of building a democratic, independent and modern Palestinian State

Now as we turn towards the future, we hope for peace and justice for the Palestinians. PMRS will continue to work in serving the health needs of our people, building on our strengths and developing our programs even further.



Palestinian Medical Relief Society

Heritage

Palestinian Medical Relief Society (PMRS) is a grassroots, community-based Palestinian health organization. PMRS was founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation. It is non-profit, voluntary, and one of the most active health NGOs in Palestine. PMRS national health programs emphasize prevention, education, community participation, and the empowerment of people.

Mission

PMRS seeks to improve the overall physical, mental, and social well-being of all Palestinians, regardless of racial, political, social, economic or religious status. Our comprehensive health programs focus on the needs of the most vulnerable members of Palestinian society: women, children, and the poor in rural villages, refugee camps, and urban centers. We pursue our mission of Quality Health for All throughout Palestine. Our permanent health care facilities include community health centers in towns and villages throughout the West Bank and Gaza





Strip. At these locations and in mobile clinics throughout the country, we conduct comprehensive Primary Health Care programs including women's health, child health, community-based rehabilitation, school health, and specialty services. Our dedicated and professional staff includes physicians, community health workers, nurses, midwives, and other health professionals, many of whom volunteer their services. Our staff and many of their colleagues at other NGOs and in the Ministry of Health, receive first-rate training in the practice of community-based Primary Health Care at our School of Community Health.

Vision

PMRS follows the principles and practices of Primary Health Care in our provision of preventive, curative and promotive health services. Therefore, participation and involvement of local communities, as well as voluntarism are core values and cornerstones of each of our programs. Our staff of physicians and community health workers focus on health education, screening, awareness raising, and training as central components of quality health service provision. It is our belief that health is the entry point for community development and involves itself in all aspects of community development, especially by working with young people and by supporting community institutions. Ultimately, we seek to mobilize communities to take responsibility for their own development and empower individuals to take control of their own overall health. This holistic approach to health and development has allowed PMRS to improve the lives of Palestinians.

Palestinian Medical Relief Society (PMRS)

PO Box 51483

Jerusalem

Tel: + 972-2-583-3510

Fax: + 972-2-583-0679

E-Mail: mrs@upmrc.org

Website: www.upmrc.org

Some of the photos included in this report were kindly provided by Carlos Delefortrie and Adnan Saqf El Hait



Palestinian Medical Relief

